

Administration Centre, PO Box 9034, Chelmsford, CM99 2XA Telephone: 0800 027 1031 www.sjp.co.uk

Mr M G Kneafsey Liskeveen House Moor End Road Halifax HX2 ORX

11 November 2019

Dear Mr Kneafsey

## Retirement Account RA07201189 Mr Michael Gerard Kneafsey

Thank you for your recent enquiry.

The current unit value is £203,530.14 and the current transfer value is £200,171.90.

Please be aware that all valuations provided are not guaranteed and are based on current unit prices. The actual sum payable to the receiving scheme will be based on unit prices on the day after receipt of all required documentation in the Administration Centre

If you would like to proceed with the transfer, the enclosed claim form should be completed and returned to us

Please note that any tax free cash protection from pre 6 April 2006 rights will be lost on transfer, unless this is part of a block transfer, or Primary/Enhanced Protection applies.

If you have a right to a protected retirement age\*, you will lose this right if you transfer your benefits to another scheme unless the transfer is part of a block transfer.

(\* a protected retirement age broadly applies if, before 6 April 2006, you had an absolute right to a normal retirement age before age 50).



Should you decide to proceed with the transfer we will be sorry, but look forward to hearing from you. If you would like to discuss any aspect of the process, or to discuss your objectives further please contact your St. James's Place Partner Mark Timmins or the Administration Centre on 0800 027 1030 and we will be happy to help.

Yours sincerely

K. Trass.

Kirstie Traas

Divisional Director - Client Services



## St. James's Place Request to Transfer

To St. James's Place

I, Mr Michael Gerard Kneafsey, hereby request you to pay the sum shown in the schedule below representing the whole sum due on the Account mentioned therein by a crossed cheque payable as indicated below. I understand any tax free cash protection from pre 6 April 2006 rights will be lost on transfer, unless this is part of a block transfer, or Primary / Enhanced Protection applies.

Account Number	Total Sum Payable
RA07201189	£200,171.90
Receiving Scheme :	
Payee*/**	
*For insured or partially insured schemes, the pa	
**For non – insured schemes, payment must be i	made payable to the
Trustees of the Company Name Retirement Bene	• •
Address of Payee	
DECLARATION – TO BE COMPLETED IN A	ALL CASES
Please pay the full proceeds of the above Account	t in accordance with the instructions above.
Settlement in terms of the instruction given will l	be full discharge of St. James's Place's liability for
the benefits as described in this form.	
Signed	Date
(Mr Michael Gerard Kneafsey)	

The value indicated is based on unit prices on 8 November 2019. The actual value will be based on prices on the date following receipt of all the required documentation (claim form and Transfer Value Information Form) fully completed at the St. James's Place Administration Centre.



## Receiving Scheme/Policy Declaration (TRANSFER VALUE INFORMATION FORM)

Please tick one	✓					
Pension transfer		To be completed by the receiving scheme trustees or administrator				
Open market option		To be completed by t	he annuity provider			
1		1 7	7.1			
Name of transferring sch	em	e/arrangement:				
Policy/Reference Numb		0				
Member's Name:						
National Insurance Num	ber	:				
Member's date of birth:						
The transferring scheme	is a	UK Registered Pensio	on Scheme			
C		C				
Name of receiving schem	ne a	nd provider:				
Reference(to be used on						
payments):						
HMRC reference number	er:					
Date of scheme registrat						
If the Scheme has bee	n ı	registered within th	e last 24 months a copy of your HMRO			
approval letter must	be	provided				
Payment details						
	Cheque made payable to:					
Address:						
D.C. 4.1.1.1.1	1 .	21				
Reference to be included		1 ,				
(e.g. client name/policy	nu	mber):				
PENSION TRANSFER	(nl	esse do not complete f	For open market option)			
TENSION TRANSIER	(P)	ease do not complete i	or open market option)			
1. We undertake that the	- re	ceiving scheme is:				
1. We differ take that the	- 10	cerving seneme is:	Please tick one			
A. Registered Defined Benefit Occupational Pension Scheme						
71. Registered Defined B	CIIC	ire Occupational Fension	on scheme			
B. Registered Defined C	ont	ribution Occupational	Pangian Sahama			
b. Registered Defined C	OIIt	indution Occupational	1 ension scheme			
C. I.		· c1				
C. Individual Personal Persona	ensi	ion Scheme				
D (1) 0 1:0 : D	_	10 2 31	(OD ODG)			
D. (i) Qualifying Recogn	ise	d Overseas Pension Sch	neme (QROPS)			
D. (ii) Country under th	e la	w of which the scheme	e is established and			
regulated:						
1						



OPEN MARKET OPTION
We confirm that the member's fund will be used to secure a non-assignable, non-commutable annuity.
1. We are/are not* able to accept business from a non UK scheme.
Please note that no pension commencement lump sum will be provided on receipt of the member's fund.
Address for correspondence:
DECLARATION
✓ Please tick and complete appropriate section
Receiving Scheme Declaration (for pension transfer)
Treest, and sentence 2 countries (not point on a minute)
a) We declare that the information given above and overleaf is true and correct.
b) We confirm that the transfer value will be applied to provide relevant pension benefits that are consistent with HMRC conditions of approval.
c) We confirm that the transfer payment will be applied to an arrangement which satisfies the requirements of Sections 169(1D) and (1E) of Finance Act 2004 and SI2006/499 (as amended)
d) If a non UK scheme, we:  - are registered as a QROPS have not been excluded from being a QROPS.  - give our authority for HMRC to give information to you about our QROPS status, and;  - confirm that the legislation of the country in which our scheme is established allows us to accept a transfer from a UK Approved pension scheme.
Annuity Provider's Declaration (for open market option)
Where the fund originates from a trustee based pension scheme, the grantee of the policy will be the trustees of the purchasing scheme unless otherwise instructed.
1 0
Signature:
Company name:
Position:
Date: