

16 September 2016



Private & Confidential
Pension Practitioners
Daws House
33 – 35 Daws Lane
London
NW7 4SD

2 Kingstables Square, Goldenhill Road,
Stoke-on-Trent, ST4 3EL
e-mail: info@firmusfs.co.uk
www.firmus.co.uk
Telephone: 01782 343424
Fax: 01782343425

Dear Sirs

L & M Financing SSAS – Mr Mark Flower

I am writing in regard to the above SSAS which you administer. Mr Flower wishes to transfer the CETV from his deferred RBS Pension Scheme to his company SSAS. Please find enclosed the completed discharge forms for the RBS Scheme, together with a confirmation of advice declaration. I would appreciate it if you could complete the sections relevant for the receiving scheme and send them to the RBS Pension Scheme.

I also attach authority from Mr Flower regarding payment of our fees from the SSAS funds following completion of the transfer. I would appreciate it if you could notify us when the transfer is complete and we will forward a formal invoice together with investment instructions.

I trust that this is satisfactory, but please do not hesitate to contact me on 028807 57367 or 07894 588 166 if you have any queries.

Yours sincerely

A handwritten signature in black ink, appearing to read "Colin McHugh".

Colin McHugh FPFS
Chartered Financial Planner

THE ROYAL BANK OF SCOTLAND GROUP PENSION FUND
UK Transfer Out of Benefits Discharge Form

1. Member details:

Name: Mr M D Flower
Pension Ref No: Z2082346
Cash Equivalent Transfer Value: £366589.18
Estimated DC Transfer Value: £0
Calculation Date: 8 April 2016
Guarantee Date: 8 July 2016

* This is an estimate and the actual transfer value will be calculated using unit prices at the date of disinvestment of funds.

2. Receiving Scheme details:

Scheme name:

Type of scheme: Occupational DB** / Other DB / Occupational DC** / Other DC*** (delete as appropriate)

HMRC tax reference number:

ECON:

NSCON:

Date contracted out employment commenced

Method of GMP revaluation:

** Please confirm the name and address of the sponsoring employer and whether the member is employed by the sponsoring employer
*** If the new arrangement is a SIPP, check this box to confirm it is registered with the Financial Conduct Authority ☐

We will only make the payment to the receiving scheme or to an account designated to receive transfer payments for the scheme.

Account name:

Payment reference:

Sort code:

Account number:

I confirm that the transfer value is being invested in a registered pension arrangement, and we have carried out appropriate checks against pension scams.

Date

Full name:

Position:

Email:

3. Member declaration:

I confirm:

1. I have read The Pensions Advisory Service leaflet on pension scams.
2. I do not believe that any of the concerns raised about pension scams are relevant to my transfer of benefits out of the plan and I understand the serious tax consequences for me of involvement in pension scams.
3. I understand that I may lose some or all of my transfer value if the transfer does constitute a pension scam.
4. I have been recommended to seek independent financial advice before taking the transfer.
5. I understand the benefits to be provided by the receiving scheme may be in a different form and of a different amount to those which would have been payable by the plan.
6. I understand and accept that after my benefits have been transferred out of the plan, I will have no further claim against the plan.
7. I understand that the plan and receiving scheme may be regulated differently and be subject to different levels of protection. The plan is currently eligible for protection by the Pension Protection Fund.

Where the receiving scheme is a defined contribution arrangement, I confirm that I have received a statement from the receiving scheme showing the benefits that I will receive in respect of the transfer and I accept that:

- (i) There is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment.
- (ii) I have received appropriate independent advice from an FCA authorised adviser

Date

12092016

THE ROYAL BANK OF SCOTLAND GROUP PENSION FUND
UK Transfer Out of Benefits Discharge Form

4. Additional questions and requirements

In order to process any transfer we will require the following to be completed and any documentation that we request to be forwarded to us.

1. Will you be receiving any cash payment, bonus, commission or loan from the receiving scheme or its administrators, as a result of transferring your benefits?
~~Yes~~ / No
2. Did the receiving scheme/adviser or sales agents/representatives for the receiving scheme make the first contact (e.g. cold call)?
~~Yes~~ / No
3. Have you been told that you can access any part of your pension fund under the receiving scheme before age 55, other than on grounds of ill-health?
~~Yes~~ / No
4. Have you been told that you will be able to draw a higher tax free cash sum as a result of transferring?
~~Yes~~ / No
5. Have you been promised a specific/guaranteed rate of return?
~~Yes~~ / No
6. Have you been informed of an overseas investment opportunity?
~~Yes~~ / No
7. Please provide a letter, on letter headed paper, from the receiving scheme with their bank details, confirming that they are willing to accept payment of the transfer.
8. Please provide a copy of the scheme's HMRC registration certificate.
9. If you are transferring to an occupational pension scheme, please confirm the name of the administrator of the receiving scheme.
10. If you are transferring to an occupational pension scheme, please provide a copy of a recent payslip.
11. If you are transferring to an occupational pension scheme, please provide a copy of the Deed of Participation showing that you are eligible to join the occupational pension scheme.
12. If you are transferring to a contract based scheme (e.g. a personal pension) or to a Self Invested Personal Pension please provide the scheme provider's FCA registration number on letter headed paper.
13. If you are transferring to a contract based scheme (e.g. a personal pension) or a Self Invested Personal Pension please provide the FCA registration number of the person who has advised you to go ahead with the transfer.
14. If you are transferring to a Small Self Administered Scheme please confirm who administers the scheme.

If you have not provided any of the information or documentation requested please provide an explanation as to why this has not been provided. Any failure to provide the information or documentation will delay payment of any transfer value.



THE ROYAL BANK OF SCOTLAND GROUP PENSION FUND
FCA Authorised Adviser Confirmation Form

1. Member details:

Name:

Mr M D Flower

Pension Ref No:

Z2082346

2. Adviser declaration:

I confirm:

1. I have permission under Part 4A of the Financial Services and Markets Act 2000, or resulting from another provision of that Act, to carry on the regulated activity in article 53E of the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001 to provide advice on the transfer of safeguarded benefits.

2. I have given advice to the member named above on the transfer of safeguarded benefits under the above plan to flexible benefits.

The legislation requires that all members (even those who are financial advisors) must obtain advice from a person authorised to advise on the transfer of pension benefits (under article 53E of The Financial Services and Markets Act 2000 (Regulated Activities) Order 2001). You are therefore not able to complete this form if you are the member named above.

3. Adviser details:

Name:

COLIN M' HUGH

FCA registration number:

S85390 IND - CSM00130



Date

12092016

Pension Services use only

IFA details on the Financial Services Register. Screen print of register added to file. Benefits paid out.

IFA details not on the Financial Services Register. Member and FCA advised.

98 London Road
Cowplain
Waterlooville
Hampshire
PO8 8EW

Pension Practitioners
Daws House
33 – 35 Daws Lane
London
NW7 4SD

Dear Sirs

L & M Financing SSAS

Please accept this letter as my authorisation to pay a fee of 4% of the transfer value from the Royal Bank of Scotland Group Pension Fund to Firmus Financial Services Ltd from the above SSAS for advice relating to the transfer of these benefits.

A formal invoice will also be provided by Firmus Financial Services Ltd.

Yours faithfully

Signature: _____

Mark Flower

Date: _____

12/9/16

98 London Road
Cowplain
Waterlooville
Hampshire
PO8 8EW

Pension Practitioners
Daws House
33 – 35 Daws Lane
London
NW7 4SD

Dear Sirs

L & M Financing SSAS

Please accept this letter as my authorisation to pay an ongoing advice fee of 1% of the value of the L & M SSAS to Firmus Financial Services Ltd for ongoing investment advice.

A formal invoice will also be provided by Firmus Financial Services Ltd.

Yours faithfully

Signature: _____

Mark Flower

Date: _____

12/9/16