

David Nicklin 0161-212-1586

Pension Practitioner.com

Daws House

33-35 Daws Lane

London

NW7 4SD

01/10/2010

Dear Mark,

MDJ Pension Scheme

Please find enclosed completed transfer application forms for Friends Provident, AXA, Clerical Medical, and Aegon .

Regards

David Nicklin

Suite 12 Alnwick House

30 Dudley Road

Manchester

M16 8DT

Application to proceed with transfer of benefits

To: The trustees of

Scheme name : AXA INSURANCE PLC PROVINCIAL SECTION

Name : SJ NICHOLSON

NI number : JA052341B

1. I wish to transfer the value of all my benefits to MDS Pension Scheme (the receiving arrangement) as an alternative to leaving those benefits, including any statutory right I may have to a guaranteed cash equivalent in the pension scheme.
2. Please apply the transfer value of my benefits in the pension scheme to secure benefits in respect of me in the receiving arrangement. I acknowledge that on receipt of this form duly signed and dated the trustees will be discharged from all liability to provide any benefits for or in respect of my membership of the pension scheme.
3. I understand that the benefits eventually payable from the receiving arrangement may be more or less than the benefits that would have been payable in respect of me in the pension scheme.
4. I acknowledge that the trustees will not be responsible for the amount or type of benefits to be provided by the receiving arrangement in return for the above transfer value.

Signed:



Date

24/9/10

Full name:

SUSAN JANE NICHOLSON

[IN BLOCK CAPITALS PLEASE]

Note

The transfer value in respect of your benefits in the pension scheme is calculated using methods and bases determined by the trustees, after taking advice from the scheme actuary. It is guaranteed for three months from 3 February 2010. The right to this guaranteed amount is lost once three months has expired. It will not then be possible to apply for another guaranteed transfer value until 3 February 2011.



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Tower Place, London EC3R 5BU

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Personal Pension Scheme Transfer Declaration Form

Transferring Scheme Details:

Scheme name: AXA INSURANCE PLC PROVINCIAL SECTION

Member's name: MISS SJ NICHOLSON

National Insurance number: JA052341B

Total Transfer payment to be paid to the Personal Pension Scheme: £

Amount included in Transfer payment to secure post 5/4/97 Protected Rights: £

Amount included in Transfer payment to secure pre 6/4/97 Protected Rights: £

Personal Pension Scheme Details:

Full name of Personal Pension Scheme Provider:

Name of Personal Pension Scheme:
(Hereinafter called "the Personal Pension Scheme".)

Address of Personal Pension Scheme:

.....
.....
.....

Pension Scheme Tax Reference: ASCON No*:

If the Personal Pension Scheme is contracted-out, a copy of the appropriate scheme certificate must be attached.

Payee in respect of Transfer payment:

.....

(If the Personal Pension Scheme is underwritten by a Life Office the payment must be made to the Life Office.)

Declaration By Personal Pension Scheme:

TICK BOX

We hereby certify that:

1) The Personal Pension Scheme is a registered pension scheme under section 153 of the Finance Act 2004

☐

2) The Personal Pension Scheme is underwritten by a Life Office

☐

3) The Personal Pension Scheme is partly non-insured or no Life Office is involved.

☐

The Personal Pension Scheme is an appropriate personal pension scheme for the purposes of paragraph (5) of section 9 of the Pension Schemes Act 1993. It is not being used solely for the purpose of receiving minimum contributions from the National Insurance Contributions Office under section 43 of the Pension Schemes Act 1993.

☐

The Personal Pension Scheme is able and willing to accept the Transfer payment and will use it to provide money purchase benefits (including, where appropriate, Protected Rights for and in respect of the member.

☐

The transfer payment is/is not* the only payment to this scheme.

Signed:

Date:

Full name of Authorised Signatory:

Position of Authorised Signatory:

Personal Pension Provider's official Stamp:

* delete as appropriate

Occupational Pension Scheme Transfer Declaration Form

To: : The trustees of AXA INSURANCE PLC PROVINCIAL SECTION
(hereinafter called "the Transferring Scheme").
In respect of : MISS SJ NICHOLSON NI number : JA052341B

In consideration of the transfer of the sum of £

in respect of the above named, the trustees of MOS Pension Scheme
(herein after called "the Receiving Scheme") hereby confirms and undertakes as follows:

The Receiving Scheme is a registered pension scheme under section 153 of the Finance Act 2004. *

~~The Receiving Scheme is an insured scheme *~~

The above named has been admitted to membership of the Receiving Scheme and in respect of the transfer payment will be entitled to such benefits as shall be agreed between the member and the trustees of the Receiving Scheme.

The Pension Scheme Tax Reference of the Receiving Scheme is:

0075981829.

The name of the principal employer and company registration number is:

TURNER NICKLIN WORTH & ASSET MANAGEMENT
LTG (07296836).

To be completed if any contracted-out benefits are being transferred:

~~The member is/is not* in contracted-out employment under the Receiving Scheme.~~

Receiving Scheme ECON:

Receiving Scheme SCON:

A copy of the contracting-out certificate must be attached.

Transfer Value Acceptance Form - to transfer funds away from Clerical Medical

Important notes - Please ensure the following information has been read before completing this form.

If you require any valuations please contact our Customer Services helpline on 0845 6036770, quoting the policy number and they will be happy to help.

We highly recommend that you contact an independent financial adviser (IFA) before deciding on transferring your policy. If you do not have one, you can obtain details of financial advisers in your area by visiting the website: www.unbiased.co.uk

Protecting your identity and investment

We are required under Know Your Customer regulations to have an up to date address on our systems before making the transfer payment to your chosen provider.

- Where the address provided differs from that on our records we will require two certified copy documents as evidence before any transfer can proceed. For details of acceptable documents please see appendix 1
- As an alternative we can accept the change of address confirmation from the servicing financial adviser who is entitled to commission on the policy being transferred or from your chosen receiving scheme

What we need from you to make the transfer

- The attached declaration signed, dated and completed with confirmation of where you wish your pension policy to be transferred
- Your current address – please ensure you refer to the Protecting your identity and investment section above

What we need from your chosen pension provider

- Confirmation that they are able to accept the proposed transfer, inclusive of protected rights benefits where applicable
- Confirmation that the money will be applied to a registered pension scheme along with the Pension Scheme Tax Reference (PSTR) number, or for overseas transfers the QROPS
- Confirmation of their bank details and where to send supporting correspondence
- Where protected rights are being transferred we will require the information contained on the Contracting-Out Administration form so that we are able to notify HMRC of the transfer of protected rights benefits to your chosen provider
- Signed and dated authority to declare all information provided to Clerical Medical is true and complete to the best of their knowledge and belief and that they understand payments will not be made to a broker or a third party and the payment will be applied to the registered scheme for which the details have been provided

This information page does not need to be returned with the form

To be completed by the transferring member

Name of transferring member	
Name of scheme from which transfer value has been offered	
Number of policy from which transfer value has been offered	

I declare that

- 1 My current address is:


RESTAURANTE 22

LOCAL 78, PARQUE COMMERCIAL

MOJACAR PLAYA

ALMERIA, SPAIN

- 2 To the best of my knowledge and belief all the statements made in connection with this election are true and complete.
- 3 I authorise and instruct Clerical Medical to surrender my arrangements under the transferring scheme and to pay the sums so derived as a transfer payment in accordance with the foregoing statements.

Signed	
Date	24/09/10

To be completed by the managers/insurers of the receiving arrangement

1. The scheme/arrangement is a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) and is able to accept a transfer value from a pension scheme registered under Chapter 2 of Part 4 of the Finance Act 2004 (as amended, replaced or re-enacted) ☒
2. The section 32 buy-out policy meets the requirements of section 95(2)(c) of the Pension Schemes Act 1993 ☐

Provider name and address for correspondence:	
If the scheme is wholly insured, please provide the name of the Life Office:	N/A.
Pension Scheme Tax Reference (PSTR):	007598182 G.

To make payment by BACS, please confirm the following:


Sort Code:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name:	<input type="text"/>							
BACS Reference:	<input type="text"/>							
Cheque Payee: (If appropriate)	<input type="text"/>							

Max 18 characters

Cheques will be sent to the address above unless otherwise instructed.

Declaration

We declare that the information provided is true and complete to the best of our knowledge and belief.
We accept liability for the member's Protected Rights Benefits, where appropriate
We acknowledge that the transfer payment cannot be made to a broker or a third party and the payment details above relate to a registered pension scheme.

Signed 	Date 10/9/10.
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On behalf of the Managers/Insurers of the receiving arrangement.

Where the scheme is accepting protected rights as part of the transfer, please complete:

A contracted out money purchase scheme	<input type="checkbox"/>
A personal pension scheme which is being used to contract-out	<input type="checkbox"/>
A personal pension scheme which is not being used to contract out	<input type="checkbox"/>
A contracted-out salary related scheme	<input type="checkbox"/>
A contracted out salary related scheme where the member is not entering contracted out employment under the receiving scheme	<input type="checkbox"/>

Contracting out numbers: ASCON/SCON/ECON

If transferring to a COSR

please confirm rate of revaluation: Section 21

☐

Fixed Rate

☐

Limited Rate

☐

Appendix 1 – This information page does not need to be returned with the form

In accordance with our Anti-Fraud measures we are obliged to ask for evidence of your identity. This requirement forms part of our fraud prevention measures, which aims to help us prevent fraudulent activity and, most importantly, protect you.

- You need to send to us **two** copy documents (see below for details).
- The documents must be **certified** as a true copy by an independent party who has authenticated the documentation you are using for Anti Money Laundering purposes (see below for information on who can certify copy documents).
- The document must be clear and legible.
- The document must include your name and current address.
- The document must be dated within the last 6 months, with the exception of an annual document which must be dated within the last 12 months.

Details of acceptable documents

Acceptable Documents	Details of requirements
Driving Licence	<ul style="list-style-type: none"> • Must be a current full valid Driving licence card • Counterpart must be included (Paper document) <p>The above counts as one piece of evidence</p>
Council tax correspondence	This could be a current demand, letter or statement.
HM Revenue and Customs correspondence	Recent Correspondence.
Utility Bill	<p>The most recent version of the following documents:</p> <ul style="list-style-type: none"> • Gas/Electricity/Water/Telephone
Bank statements or credit/debit card statement	The most recent statement from a regulated financial services firm in the UK for example bank or account statement.

Unacceptable Documents

Passport
Mobile Phone Bills
Television Licence
General mailings from your bank/building society
Online banking statements
Store card statements
Documentation from your insurance provider

Having your documents certified by an appropriate person

The following is a list of appropriate persons who may certify documents. All documents must be certified as a true copy. You are not permitted to certify your own documents and please do not send originals.

- UK Lawyer/Solicitor
- Financial Services Authority (FSA) regulated Independent Financial Advisor (IFA)
- A Certified or Chartered Accountant who is a member of an accounting body recognised in the UK
- Regulated or professional person covered by the Money Laundering regulations for example your own Bank or Building Society may be willing to certify documents on your behalf

It is important that the full name, date, signature, position and full contact details including the address of the person providing the certification is supplied and that the certification states 'certified as a true copy of the original'. Where the document contains a photograph the person providing certification must also state 'the photograph bears a true likeness to the individual'.



Planholder: Mr David John Nicklin
National Insurance Number: NS206994A

Quote number: ETVQ00062152
Date of Birth: 27/06/1969

Part 1 - Receiving scheme payment details

To be completed by the receiving scheme trustees or administrator

Transferring scheme details

Plan/Reference number(s):	4269238	Contract type:	Personal Pension Plan
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The transferring scheme(s) is / are a UK registered pension scheme.

Receiving scheme details

Name of receiving scheme/provider:
Our reference: <i>(to be used on all correspondence and payments)</i>
Please confirm <i>either</i> : direct credit (preferred) <i>or</i> cheque details
Direct credit details: <i>(if appropriate)</i> Sort code: Account number: Account payee name:
Cheque details: <i>(if appropriate)</i> Cheque made payable to: Address: Reference to be included: <i>(ie plan number or member/planholder name)</i>



Part 3 - AEGON transfer instruction

Plan number(s):	4269238
Name:	Mr David John Nicklin
Transfer value:	£13,903.33
Non-protected rights:	£0.00
Protected rights:	£13,903.33
Date of quote:	02/08/10

The transfer value is not guaranteed. The actual transfer value may vary from this quotation as the value of your investment could fall as well as rise before the transfer is completed. We'll calculate the actual transfer value at the date we receive all the necessary, completed documents.

Please complete the appropriate sections below.

To be completed by the planholder

I wish to transfer my benefits as follows:

- i Transfer both the **non-protected rights** and the **protected rights** to the receiving scheme/insurer below. Yes/No*
- ii Transfer only the **non-protected rights** to the receiving scheme/insurer below. Yes/No*
- iii Transfer only the **protected rights** to the receiving scheme/insurer below. Yes/No*

Receiving scheme/insurer:

1. I agree that the actual value settled may be different from that quoted above due to fluctuations in my chosen investment fund, which could fall as well as rise.

2. I agree that payment of the transfer value will be a full discharge of AEGON's liability in respect of the rights being transferred under all the plans shown above.

Date 24 / 09 / 2010 Signed

Statement by company receiving the pension transfer (form B)

(To be completed by the receiving scheme or insurance company)

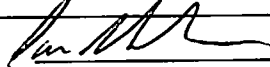
This Transfer Authority Form should only be used in respect of a transfer to a UK registered pension scheme (this includes transfers to a deferred annuity contract, for example a S32 buy-out policy).

Name : David Nicklin

Date of birth : 27 June 1969

Scheme details			
Full name of receiving scheme/provider	MOS Pension Scheme.		
HMRC reference (PSTR or SF number). This number is not required if transfer is to a S32 buy out policy	00759818RG.		
ASCN number (if the transfer is to an appropriate personal pension scheme)	N/A.		
ECON and CON (if the transfer is to an occupational scheme)	N/A.		
Is the registered pension scheme fully insured? Where the registered pension scheme is fully insured, Friends Provident will make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.	Yes	<input checked="" type="radio"/> No	
Is your registered pension scheme permitted to receive the transfer value, and will it meet your minimum acceptance terms?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	

Payment details	
As we will only make payment direct to your bank account please provide the following:	
Account Name:	
Account Reference:	
Account Number:	
Sort code:	

Declaration	
We declare that the transfer value received from Friends Provident will be used to secure retirement benefits under the above scheme.	
Signed: 	Date: 10/8/10.
Name in Capitals: G. McCloskey.	Job title: FOR SCHEME ADMINISTRATOR.
Tel No: _____	

11311145





**FRIENDS
PROVIDENT**

Friends Provident Life and Pensions Limited
PO Box 1550, Milford, Salisbury SP1 2TW
Telephone 0845 6029199 Fax 0845 6000624

Transfer Payment Form (form A)

(To be completed by the member)

Policyholder's name: David Nicklin

Personal pension policy number(s) : 11311145

Please give us details of the company who will be receiving your pension fund so that we can send it to them

Name of new scheme/pension provider	
Address	
Contact name (if known)	
Reference	

Please ask a representative of this scheme to complete the 'Statement by company receiving pension transfer'. Without this information we will be unable to process the transfer.

Declaration:

I instruct Friends Provident to transfer my policies to the provider named above. I understand that after the payment has been made I shall have no further claim against Friends Provident in relation to these benefits.

Signed: 

Telephone number: 01612121586

Name in capitals: David Nicklin

Date: 24/09/2010

11311145

