

Transfer agreement

Transfer of all of your LifeSight Account to another UK pension plan

PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM

If you want to transfer to a qualifying recognised overseas pension scheme (QROPS) please let us know immediately as different forms will need to be completed. If this is the case, then you do not need to complete this Transfer Agreement.

| | |
|--|---------------------------|
| Name of the transferring pension plan: | LifeSight |
| LifeSight section name: | LifeSight (Goldman Sachs) |
| Name of the member: | G Osei-Akoto |
| Reference number: | 0034447 |
| Date of birth: | 2 May 1987 |
| Estimated transfer value: | £62,875.32 |

To be filled in by the administrators of the receiving pension plan

Name of the receiving pension plan:

Max Goldberg Wealth

If the receiving pension plan is a personal pension or stakeholder plan, please fill in the box below (otherwise leave blank): N/A the receiving scheme is a SSAS

FCA registration number of receiving plan provider: _____

Is the receiving pension plan a self-invested personal pension (SIPP)? A SIPP is a Self-invested personal pension that allows you to choose and manage your own investments.

Yes ☐

No ☐

Receiving pension plan verification requirements

Please provide evidence of the HM Revenue & Customs registration status for the receiving pension plan by sending us a copy of the 'Current Scheme Details' from the HMRC internet site at www.hmrc.gov.uk.

Copy enclosed:

Yes ☒

Bank details of receiving pension plan

We will transfer the payment directly to the receiving pension plan's bank account.

Please fill in the section below for all types of receiving pension plan.

Bank account

Name of the account: Max Goldberg Wealth

Bank: Allied Irish Bank (GB)

Branch address and postcode: Four Hardman Street, Spinningfields
Manchester
M3 3HF

Account number:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 4 | 9 | 1 | 9 | 0 | 8 | 8 |
|---|---|---|---|---|---|---|---|

Sort code:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 3 | - | 8 | 3 | - | 9 | 6 |
|---|---|---|---|---|---|---|---|

Reference to be quoted in the payment: G Osei-Akoto

Guarantee from receiving pension plan

We confirm to the Trustees of LifeSight that:

- The receiving pension plan is registered under Chapter 2 of Part 4 of the Finance Act 2004;
- The member is, or will be on transfer, a member of the receiving pension plan and the sums transferred will be held in connection with that member;
- Where the receiving pension plan is an occupational pension scheme, the member will be provided with transfer credits under the receiving pension plan and the Trustees of the receiving pension plan are able and willing to accept the transfer under the governing rules of the plan;
- Where the receiving pension plan is a personal pension or stakeholder plan, the member will acquire rights in the receiving pension plan in return for the transfer and the plan is able and willing to accept the transfer under its governing documentation.

Signature for and on behalf of the administrator of the receiving pension plan:

Print name:

David Nicklin

Title: Mr

Position:

Director

Address:

RC Administration Ltd

1a Park Lane

Poynton

Stockport

SK12 1RD

Date:

26 11 2020

To be completed by the member

I confirm that I have received a statement from the receiving pension plan showing the benefits to be awarded in respect of the transfer payment.

Please pay to the receiving pension plan named on the first page of this form, all of my transfer value in LifeSight, as detailed below:

Description of benefit to be transferred: (please tick below)

The total value of my LifeSight Account



Other split of benefits – please provide details



I understand that:

- The payment to the receiving pension plan will be instead of the benefits due, or benefits that would have been due to me or in respect of me, my spouse, civil partner, dependants or any other potential beneficiaries, arising from my membership of LifeSight;
- The benefits provided by the receiving pension plan may be in a different form and of a different amount to those which would have been due under LifeSight;
- There is no statutory requirement on the receiving pension plan to provide for survivors' benefits out of the transfer payment;

I agree that on payment of the transfer to the receiving pension plan:

- Where the transfer is of the whole of my entitlement under the Plan, I release and discharge the Trustees of LifeSight from all liability to provide benefits to me, my spouse, civil partner, dependants or any other potential beneficiaries arising from my membership of LifeSight;
- Where the transfer is of part of my entitlement under the Plan, I release and discharge the Trustees of the Plan from all liability to provide those benefits to me or in respect of me, my spouse, civil partner, dependants or any other potential beneficiaries which are included in the transfer; and
- I will protect the Trustees of LifeSight against any costs, claims, demands or expenses which may become due as a result of the payment.

Security identification check

As part of our security procedures, before we pay a cash equivalent or transfer value to another pension arrangement, we will verify your identity, using a credit reference agency, which may keep a record of the search.

This search is done only to confirm your identity and is **not** a credit check, so it will not affect your credit rating. Any personal information used will be treated securely and strictly in accordance with the Data Protection Act 1998.

If you have changed your address in the last 3 years, please confirm your previous address:

Postcode:

If you are currently living abroad please **also** send us the following items:

- Your original birth certificate ☐

AND

- Two original utility bills received in the past 3 months* ☐


**Note: If you are unable to provide two utility bills we will accept bills or notices from other recognised organisations that clearly show your name and address (e.g a credit card bill, phone bill or tax code notice from HMRC). If you are unsure, please contact us for guidance.*

Member declaration

By signing this Transfer Agreement:

- I understand all the conditions detailed above.
- I confirm that my date of birth shown on the first page is correct.
- I consent to Willis Towers Watson, on behalf of LifeSight, carrying out the security identification check.
- I acknowledge:
 - receipt of the Government's pension scams leaflet and have read and understood the contents of this guide.
 - that the Financial Conduct Authority, the Pensions Regulator and Pensions Advisory Service issue information about transfers that might assist me in deciding whether to request this transfer from LifeSight.
- I agree to the payment of the transfer value as described above to the receiving pension plan.

Signature:



Date:

24/11/20

Print name:

Geisla Osei-Akoto

(including first name, middle name/s and surname)