

Declaration Discharge and Indemnity

(This Declaration Discharge & Indemnity form must be completed and signed by an Aegon policyholder who has requested a transfer of the funds under their Aegon pension policy to a Small Self-Administered Scheme)

Policyholder name: NICOLA BAUZONE
Aegon policy number: (the "Policy") 9915463
Name of SSAS: (the "SSAS") MERSEYSIDE PROPERTIES LTD

In this Declaration Discharge & Indemnity form "I"/"my" means the policyholder named above and "you"/"your" means Aegon (a trading name of Scottish Equitable plc).

1. I confirm that I have received your email dated 1st November 2016 and had the opportunity to read it and the additional information published by the Pensions Regulator and the Financial Conduct Authority about pension scams supplied with it and I confirm that I still wish to proceed with the transfer to the SSAS.
2. I acknowledge that you have a statutory obligation to report certain transfers to HM Revenue & Customs (HMRC) and will carry out that obligation and you will report this transfer to them.
3. I understand and acknowledge that if I access any of the funds before the age of 55 (except in limited circumstances of ill-health) this will result in an unauthorised payment under tax legislation and I will be required to declare this to HMRC and will be personally liable to pay tax and other charges, normally totalling 55% of any such unauthorised payment, and I agree to settle such charges from my personal assets. If I fail to declare an unauthorised payment to HMRC, I may be charged further penalties.
4. I understand that when accessing any of the funds the maximum that can normally be paid tax free is 25%.
5. I request you to transfer the funds under the Policy to the SSAS.
6. I accept that if I'm not sure whether:
 - making the transfer from the Policy to the SSAS,
 - making the investments under the SSAS, and/or
 - giving up any benefits, guarantees and features contained under the policy,

is right for me, I should obtain independent financial advice. I understand that Aegon recommends taking such advice and if I have not taken this advice that is solely my decision.


7. I agree that if, for any reason, the transfer between the Policy and the SSAS is considered by HMRC not to be a recognised transfer (as defined in section 169 of the Finance Act 2004) and this results in you, the scheme administrator of the scheme to which the policy belongs (the "Scheme Administrator"), being liable to pay an unauthorised payments charge, an unauthorised payments surcharge and/or a scheme sanction charge to HMRC, that I will indemnify or compensate the Scheme Administrator for, and be liable to pay to the Scheme Administrator, a sum equal to the amount of those charges and any penalties and interest charged by HMRC and any interest charged by the Scheme Administrator.

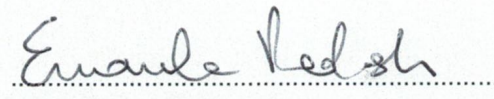
This Declaration Discharge and Indemnity form is subject to the law of Scotland.

IN WITNESS WHEREOF these presents are subscribed by the policyholder named above

at ALESSANDRIA (town) on the 2ND (date) day
of NOVEMBER (month) Two Thousand and SIXTEEN (year)

before the undernoted witness:


Signature of Policyholder


Signature of Witness

EMANUELA REDASCHI
Name of Witness

31 MYDRE ROAD LONDON SW11 5RY
Address of Witness

PHOTOGRAPHER
Occupation of Witness