1. SCHEME DETAILS						
Scheme Name Registered Scheme Administrator Limited						
Account Number 00001096						
00001070						
2. PAYMENT DETAILS						
Date to be actioned						
Date to be actioned						
Amount (GBP) £9,000.00						
Amount in						
Words Nine Thousand Pounds Only						
3. BENEFICIARY						
Popolician						
Name Ailsa Greenaway						
Beneficiary Sort Code 0 7 - 0 4 - 3 6	Beneficiary Account Number 4 6 4 3 5 5 0 7					
Payment Reference PCLS Payment						
1 CLS I ayment						
4. PURPOSE OF TRANSACTION - Description						
PCLS Payment						
We authorise the scheme administrator to make	the payment on the date stated on this					
We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures.						
5. TRUSTEE SIGNATURE						
1st Signatory	2nd Signatory - if applicable					
Adsa free - m						
Name	Name					
Ailsa Greenaway						
	Date					
Date 03 / 07 / 2023	Date					

Benefit Crystallisation Event Member Questionnaire

Scheme Name: NGCS Retirement Scheme

Member Name: Ailsa Greenaway

Please accept this as my written request to take benefits from the above scheme and confirmation of information in respect of this Benefit Crystallisation Event:

Required Benefits

- 1. I wish to draw all of my fund in Tax Free Cash and Income-
- 2. I wish to vest segments and take as Tax Free Cash and Income
- 3. I wish to vest sufficient funds to provide a Tax Free Cash amount of £9,000.00
- 4. I wish to vest sufficient funds to provide an annual Income amount of £

Other (please detail)

Will this be your first Benefit Crystallisation Event occurring on or after 06 April 2006 (under any Registered Pension Scheme?



If 'No', what was the date of your first Benefit Crystallisation Event occurring on or after 06 April 2006

_			
Date:			
Daic.			

What is the percentage of the SLA used up under those earlier Benefit Crystallisation Events that occurred under any other Registered Pension Scheme you are (or were) a member of, as recorded on your latest scheme statement(s). Copy statement(s) **MUST** be attached.

Name of Registered Pension Scheme % SLA

Signed: Is a few -

Date: 03 / 07 / 2023



Title BCE and Payment Form

File name BCE and Payment (1).pdf

Document ID 59eca8e2ede42af668e69870bc66a27b7b19fd59

Audit trail date format MM / DD / YYYY

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Document History

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