

Mr Brad Davis Pension Practioner.Com 33-35 Daws Lane, London NW7 4SD

11<sup>th</sup> June 2015

### Dear Brad

Re: NEW HORIZONS RETIREMENT BENEFITS SCHEME – James Hay Transfer In Form – Mr G Spiller

Further to our telephone conversation, please find enclosed the James Hay Transfer In Form in relation to Mr Geoffrey Spiller.

Can you please sign where indicated and return in the pre-paid envelope at your earliest opportunity.

Any queries please let me know.

Yours sincerely

Reece Biggadike





# Transfer In Form

(For James Hay Partnership SIPP, Modular iSIPP, James Hay iSIPP, Wrap SIPP, James Hay Private Client SIPP, eSIPP and Select SIPP only)



## **Application Guide**

SECTION A. To be completed by the Client.

SECTION B. To be completed by the Transferring Scheme Administrator/Trustees.

Please complete this form in BLOCK CAPITALS and black ink.

If the policy you are transferring contains a mixture of crystallised or non crystallised elements then separate policies/plans will be required for each element. This requirement is also relevant to existing members.

Please see our website for the appropriate application forms: www.jameshay.co.uk.

The James Hay Personal Pension Plan is a registered pension scheme for the purposes of Part 4 of the Finance Act 2004, (formerly an approved personal pension scheme under Chapter IV of Part XIV of ICTA 1988) under Pension Scheme Tax Reference 00616231RE.

James Hay Partnership is not an annuity provider, and does not provide benefits in the form of a Scheme Pension.

A1 Client Det	ails	Applicant to complete
Mr 🖊	Mrs Ms Miss	Contact name
Other	If 'Other' please state	8
Forename(s)	GEOFFREY ROBERT	I wish to transfer my:  Uncrystallised pension arrangements
Surname	SPILLER	Yes No
National Insuranc	e Number	Crystallised pension arrangements
I wish to transfer pension scheme t by James Hay Par Full name of tran	sferring scheme	Are any of the assets being transferred in-specie? Yes No If 'Yes' please enclose a complete list of assets to be transferred. This should include the unit allocation/price/value of each asset.  Does this represent the full value of the plan?
NEW HORIZO	INS RETIREMENT BENEFITS SCHEME (SIA	Yes No
Policy number		
	40 71	
Address of transf	erring scheme	
	Post Code	

#### For clients who have appointed a financial adviser

You have a right to cancel this transfer in. We will send you a cancellation notice and you will have 30 days from receipt of the transfer into the plan, to notify us that you have changed your mind and wish to cancel the transfer. If you choose to cancel the transfer under the terms of the cancellation rights, we will transfer the money that have been received in respect of the transfer, to another pension provider chosen by you. During the 30 day cancellation period you can give us investment instructions. The amount repaid may be less that the amount originally transferred in, if the value of your investments has fallen at the time it is sold. This will be explained in the cancellation notice that we will send you.

#### For clients who do not have a financial adviser

As you have not received any financial advice before applying for this transfer, you will receive a 30 day period, from the date we notify you that we have received the transfer, during which you can cancel your transfer request. During this period we will not permit any investments using this transfer money, in case you decide to cancel.

However, you have the option to waive your rights to the 30 day cancellation period. If you choose to do this, we will apply the transfer money to the plan, the transferred money will then be available for immediate investment upon receipt of your instructions.

If you do not wish to waive your rights, we will send you a cancellation notice giving you 30 days from the date we notify you that we have received the transfer money in which to change your mind.

If you do wish to waive your rights, please read the following confirmation and then tick the box to confirm your acceptance:

I confirm my decision to waive my rights to a cancellation period for this transfer in. I accept that once I have waived my right to this cancellation period, I will no longer be able to cancel the transfer in or have the money received into the SIPP returned. I also accept that my Plan will be fully opened and will be subject to all the applicable charges as detailed in the relevant SIPP Charges Schedule

A3 Client Declaration Applicant to complete

I authorise and instruct the provider(s) of the scheme(s) listed in section A1 to transfer funds from the plan(s) as listed in Section B1 directly to James Hay Partnership. Where the provider(s) of the scheme(s) listed in section A1 have asked me to give them any original policy document(s) in return for the transfer of funds and I am unable to do so, I agree that I will be responsible for any losses and/ or expenses which may result from me giving misleading or inaccurate information deliberately or carelessly, or given on my behalf, either in this form or with respect to benefits from the plan.

I authorise the provider(s) of the scheme(s) listed in section A1 to release all necessary information to James Hay Partnership to enable the transfer of funds to James Hay Partnership.

I authorise the provider(s) of the scheme(s) listed in section A1 to obtain from and release to my financial adviser any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in Section A1, I authorise the provider(s) of the scheme(s) to release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, James Hay Partnership's responsibility is limited to the return of the total payment(s) to the providers of the schemes listed in Section A1.

Where the payment(s) made to James Hay Partnership represent(s) all of the funds under the plan(s) listed in Section A1, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to James Hay Partnership represent(s) part of the funds under the plan(s) listed in Section A1, then the providers of the schemes listed in Section A1 will be discharged of

all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that James Hay Partnership and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

I accept that any 'enhanced or fixed protection' will be lost if the transfer is not a 'permitted transfer', as defined by HM Revenue & Customs Legislation.

I agree that any entitlement to take lump sum rights in excess of 25% may only be retained on transfer, provided the transfer is part of a block transfer as defined by HM Revenue & Customs Legislation. However, I accept that if this lump sum figure is over £375,000 and I have enhanced or primary protection the lump sum on these certificates will take precedence.

I accept that any low retirement age may only be retained on transfer if it is part of a block transfer as defined by HM Revenue & Customs Legislation.

I accept that James Hay Partnership will not pay any benefits or invest the funds that are transferred until all relevant transfer information has been received.

Signed

B1 Scheme Details	Scheme Administrator to complete
Type of Registered Pension Scheme (please tick one box)  Personal Pension	If the client named in section A is not the original member please tick and complete this section.
Occupational Money Purchase (Defined Contributions)	Otherwise, please continue on to section B2.  Original Member Details  Title
Occupational Final Salary (Defined Benefits)	
If an Occupational Money Purchase scheme, are there any guarantees attached to the scheme?  Yes No	Mr Mrs Ms Miss Other If 'Other' please state
If ' <b>Yes</b> ', please detail the guarantees.	Forename(s)
	Surname
	National Insurance Number

B1 Scheme Details (continued)	Scheme Administrator to complete	
Pension Credit Rights  At the date of the pension sharing order were the arrangements which are being transferred:	Death Benefit Entitlement At the date of the original member's death were the arrangements which are being transferred:	
Uncrystallised Crystallised	Uncrystallised Crystallised	
Please supply a certified copy of the Court Order, Decree Absolute and Pension Sharing Annex.	Please note: Dependants' benefits will need to be held in a separate plan to any other money.	
B2 Uncrystallised Arrangements	Scheme Administrator to complete	
Current value of uncrystallised arrangements	We confirm that the transferring scheme is (please tick one):	
£	A registered pension scheme approved under Chapter 4 of the Finance Act 2004.	
	A recognised overseas pension scheme as defined by HM Revenue & Customs under Chapter 4 of the Finance Act 2004, and has satisfied HM Revenue & Customs requirements in this respect.	
B3 Crystallised Arrangements	Scheme Administrator to complete	
We confirm:	Current maximum GAD income limit	
The transferring scheme is a registered pension scheme approved under Chapter 4 of the Finance Act 2004.	f Committee of the comm	
If these arrangements were in income drawdown before 6 April 2006 we will convert them to unsecured pension	Gross amount of income paid in this benefits year  £	
before transferring to James Hay Partnership.  P45: The client's P45 is enclosed with this form. If this document is not enclosed please forward it to James Hay Partnership as soon as it is available.  Were all benefits under these arrangements crystallised at the same date?	* If these arrangements were in income drawdown before 6 April 2011 and the member was originally in Alternatively Secured Pension or Unsecured Pension and has been converted to Capped Drawdown, the information provided should be as at the date the income was converted to Capped Drawdown, not the original date the benefits were first paid.	
Yes No Discontinuo No	Was the client claiming any of the following types of protection at the Benefit Crystallisation Event (please tick as appropriate)?	
Please provide the following additional information for each separate date benefits were crystallised:	Enhanced Protection	
Current value of crystallised arrangements	Certificate Reference Number	
£		
Date benefits were crystallised*	Primary Protection	
What type of income withdrawals are being taken?	Certificate Reference Number	
Capped Drawdown Unsecured Pension		
Value of Arrangements at the date benefits were crystallised* (before any Pension Commencement Lump Sum and lifetime allowance tax charges paid)	International Certificate Reference Number	
£	Pension Credit	
Amount of Pension Commencement Lump Sum paid	Certificate Reference Number	
£		
Percentage of standard lifetime allowance used %	Fixed Protection 2012 Certificate Reference Number	
If applicable, amount of lifetime allowance charge	Fixed Protection 2014 Certificate Reference Number	
GAD rate used when benefits were crystallised*	Individual Protection Certificate Reference Number	
GILT Yield used when benefits were crystallised*		

B4 Block Transfer Information	Scheme Administrator to complete
Is this transfer part of a block transfer?  Yes No If 'Yes' please complete the following if applicable:  Protected lump sum rights:  Amount of protected lump sum rights available at 5 April 2006 for the uncrystallised arrangements in Section B2  £  Fund value at 5 April 2006.  £  Does the transfer value include any post A-day contributions?  Yes No	Protected retirement age:  Does the member have a protected retirement age?  Yes No If 'Yes' please state the age that the member can begin to take benefits:  Please note: Block transfers are not always possible - please refer to your existing Scheme Administrator if in doubt.
B5 Scheme Administrator/Trustees Declaration	Scheme Administrator to complete
We confirm that as Scheme Administrator/Trustees of the transferring scheme that the above statements and the information we have provided are to the best of our knowledge correct and complete.  Signed	Signed for, or and on behalf of, the Scheme Administrator/Trustees of the Transferring Scheme  Address of transferring scheme  Post Code
Date DDMMYYYY	

James Hay Partnership is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to receive this document in an alternative format please contact us on 0845 850 4455. For the hard of hearing and / or speech impaired, please use the Typetalk service via 18001 0845 850 4455.

James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF.

James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 / HF.
James Hay Partnership is the trading name of James Hay Insurance Company Limited (JHIC) (registered in Jersey number 77318); IPS Pensions Limited (IPS) (registered in England number 2601833); James Hay Administration Company Limited (JHIC) (registered in England number 4068298). James Hay Partnership Registered in England number 4773695); James Hay Wrap Nominee Company Limited (JHIV) (registered in England number 1068298). James Hay Wrap Nominee Company Limited (JHIV) (registered in England number 1068419). Santhouse Pensioneer Trustee Company Limited (SPTCL) (registered in England number 1066419). Santhouse Pensioneer Trustee Company Limited (SPTCL) (registered in England number 1066419). The IPS Partnership PR (JRP SPIC) (registered in England number 1068419). Incline Passions Trustees Limited (STU) (registered in England number 1066419). The IPS Partnership PR (JRP SPIC) (registered in England number 1066419). Incline Passions Trustees Limited (STU) (registered in England number 1066419). The IPS Partnership PR (JRP SPIC) (registered in England number 1066419). Incline Passions Trustees (London) Limited (JUI) (registered in England number 1066419). The IPS Partnership PR (JRP SPIC) (registered in England number 1066419). Incline Passions Trustees (London) Limited (JUI) (registered in England number 1066419). The JRP SPIC are also the Incline Passions Trustees (London) Limited (JUI) (registered in England number 1066419). The JRP SPIC are also the JRP SPIC are also the JRP SPIC are also the JRP SPIC are and JRP SPIC are