

I.P.M. SIPP Administration Limited,
Cambridge House, Unit B,
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SG1 2XD



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Mr B Davis
The Pension Practitioner
Daws House
33-35 Daws Lane
London
NW7 4SD

08 December 2015

Dear Mr Davis

IPM Personal Pension Scheme - Mrs E M Hall
Membership Number - 6333
PRN Medical Transcription Pension Fund SSAS Transfer

We have received confirmation from Mrs Hall that she wish to transfer her portion of wishes to transfer the above mentioned SSAS to into a SIPP with IPM SIPP Administration Limited.

The IPM Personal Pension Scheme is a self invested personal pension scheme approved under Chapter II Part IV of the Finance Act 2004. For your records, our PSTR reference number is 00605673RE and a copy of IPM's approval evidence is enclosed for your records.

I can confirm that IPM's payment details for this transfer are as follows:

Bank: Bank of Scotland
Account Name: IPM Personal Pension Trustees Limited - 6333
Account Number: 10139968
Sort Code: 12-27-32
Reference: 6333 - PRN Medical SSAS

Finally, I enclose a copy of a declaration signed by Mrs Hall allowing you to release to IPM any information we may require in respect of the transfer.

Should you have any further outstanding requirements in order to complete this transfer please contact me as a matter of urgency.

We look forward to hearing from you in due course.

Yours sincerely


Duncan Hurley

7 TRANSFER DETAILS

It is important that these sections are fully completed. Any missing information could result in a delay in IPM processing your transfer

TRANSFER 1

Name of transferring scheme administrator: PENSION PRACTITIONER

Address
DAWS HOUSE
33-35 DAWS LANE
LONDON

Postcode NW7 4SD.

Telephone Number 0800 634 4862

Policy No.

Full title of transferring scheme PRN MEDICAL TRANSCRIPTION PENSION FUND.

Nature of scheme being transferred ☐ Non Occupational ☐ Occupational Defined Benefit ☒ Occupational Defined Contribution

Type of scheme being transferred SMALL SELF ADMINISTERED SCHEME

Amount of transfer payment £220,000 APPROX.

Have you received advice on this transfer? ☒ Yes ☐ No

Is the transfer in specie? If yes please provide a list of assets (i.e. re-register assets to IPM as opposed to a cash transfer) ☐ Yes ☒ No

Have you received any benefits from the fund being transferred? (If yes you will need to complete the Transfer in Drawdown Form) ☐ Yes ☒ No

Do you intend to draw benefits immediately from this scheme? ☐ Yes ☒ No
(If yes, please enclose your birth certificate and, if you are a married woman, your marriage certificate. A separate Benefits Payment Form will be sent to you by the administrator for completion and return).

TRANSFER 2

Name of transferring scheme administrator:

Address

Postcode

Telephone Number

Policy No.

Full title of transferring scheme

Nature of scheme being transferred ☐ Non Occupational ☐ Occupational Defined Benefit ☐ Occupational Defined Contribution

Type of scheme being transferred

Amount of transfer payment

Have you received advice on this transfer? ☐ Yes ☐ No

Is the transfer in specie? If yes please provide a list of assets (i.e. re-register assets to IPM as opposed to a cash transfer) ☐ Yes ☐ No

Have you received any benefits from the fund being transferred? (If yes you will need to complete the Transfer in Drawdown Form) ☐ Yes ☐ No

Do you intend to draw benefits immediately from this scheme? ☐ Yes ☐ No
(If yes, please enclose your birth certificate and, if you are a married woman, your marriage certificate. A separate Benefits Payment Form will be sent to you by the administrator for completion and return).

13 MEMBERS DECLARATION

The applicant (or Legal Guardian, where the applicant is under the age of 18) must read and sign this declaration.

I hereby apply to become a member of the IPM Personal Pension Scheme (the Scheme) and agree to be bound by the scheme rules that may be amended from time to time.

I hereby declare that I will not attempt to draw any benefit from the scheme except in accordance with the rules of the scheme

Where I am making contributions to the scheme I declare:

- I am under 75 years of age and a Relevant UK Individual (having the meaning given by Section 189 Finance Act 2004)
- The total contributions I am paying to all registered pension schemes (having the meaning given by Section 150 Finance Act 2004) in respect of which I am entitled to tax relief (having the meaning given by Section 188 Finance Act 2004) will not exceed the higher of:
 - (a) the basic amount (£3,600 for the tax year 2006/7)
- or
- (b) 100% of my relevant UK earnings (having the meaning given by Section 189 Finance Act 2004) for that tax year
- I will, within 30 days or by 5th April in the relevant year of assessment (whichever is the later), inform the scheme administrator in writing if any of the following events occur:
 - I cease to be a UK resident
 - I cease to be a Relevant UK Individual
 - I cease to have relevant UK earnings
 - I cease to be eligible for relief on member contributions under Section 188 Finance Act 2004

I hereby declare that to the best of my knowledge and belief the details given in relation to the payment of contributions is correct and complete.

In respect of a transfer, I request that the scheme administrator of the transferring scheme applies the whole of my available transfer value from that arrangement. I understand that following the application of the transfer value, neither I, or my spouse or dependants will have any further entitlement under the transferring scheme. I acknowledge and agree that a copy of this request and discharge shall be deemed binding as though it were the original. I authorise the Trustee, Scheme Administrator or Insurers of the transferring scheme to provide any information, which I.P.M. SIPP Administration Limited may request in relation to any benefits provided for me.

I authorise and request that the Scheme Operator accepts a transfer value into the Scheme on my behalf.

In return for the services to be provided by the Operator and Administrator, I agree to pay charges set out in the charging structure schedule current at the date of this application and those charges detailed as payable to my Independent Financial Adviser, if any, as stated in this application form. I authorise I.P.M. SIPP Administration Limited to pay such charges from the bank account held for my benefit and to realise investments attributable to me in order to pay such charges and to settle any third party charges payable in respect of investment transactions to the extent that such charges have otherwise been paid within seven days of falling due.

I agree to the scheme administrator deducting any amount from the fund held for my benefit in order to pay any charge, including any scheme sanction charge, levied by HM Revenue and Customs. In the event that there are insufficient funds held for my benefit I agree to personally pay to the scheme administrator any amount required to pay for such charges.

I acknowledge that if I decide not to take advice from an independent professional adviser regarding the investment of the scheme assets the responsibility for the investments made, including verifying the valuation of the assets and the authenticity of the provider of the investments rests solely with myself and not I.P.M. SIPP Administration Limited.

To the best of my knowledge and belief the details given on this application are correct and complete.

Where this application is being made on behalf of an applicant who is under the age of 18, the Legal Guardian signing the application also declares that:

- I am making this application on behalf of the applicant detailed in section 1 of this application form
- I understand that I am responsible for the SIPP as if I were the member and will continue to be so until the applicants 18th birthday
- I understand that contributions paid to the scheme may only be returned to the applicant in the form of benefits payable under the rules of the scheme (i.e. after the applicant attains age 55 except in the case of earlier ill health).

Signature

Rehan

Date

7.12.15

To be signed by the Legal Guardian where the applicant is under the age of 18.

Please note that it is a serious offence to make false statements, the penalties for which can be severe and may lead to prosecution.

Please return the completed form to: I.P.M. SIPP Administration Limited, Cambridge House, Unit B, Campus Six, Caxton Way, Stevenage, Hertfordshire, SG1 2XD

Please make any cheques payable to "I.P.M. Personal Pension Trustees Ltd. re:[your name]".