

Thursday, 15 July 2021

PRIVATE & CONFIDENTIAL

Mr I Prosser
8 Badgers Brook Rise
Ystradowen
Cowbridge
CF71 7TW

RE; PEGASUS PROPERTY EXECUTIVE PENSION - AIB PAYMENT AUTHORITY

Dear Ian

Further to our recent discussions, please find the following documents enclosed in connection with the fees we paid to arrange updated Cash Equivalent Transfer Values (CETV) for Kim's Pensions:-

- **Invoice 4527**
- **Copy of receipts from the pension providers**
- **AIB Payment Authority Form**— Please sign where indicated and return to us using the freepost envelope provided

Once funds have been received into the above pension scheme we will issue the payment request. Should you have any queries or if we can help with anything further in the meantime, please do not hesitate to contact us.

Yours sincerely



Adrian Shakespeare Dip PFS, Cert's CII (MP & ER)
Managing Director

INFORMATION

FOR YOUR RETENTION

Private and Confidential

Wealthmasters Financial Management Ltd
Atlantic House
Charnwood Park
Bridgend
CF31 3PL



Dear Sirs

Lansing Linde Pension Scheme ("the Scheme")
Reference: JLT25093793 - K Prosser

What is this letter about?

It is about your recent request for a transfer value. Members are entitled to one transfer value quotation within each twelve month period and subsequent requests attract a charge of £360.00 plus VAT. Our records show that a transfer value was previously quoted on 18 November 2020.

If another transfer value is required please arrange for the fee to be paid directly to:

Bank Name: Citibank
Account Name: Mercer Limited
Sort Code: 18-50-08
Account Number: 11417444
Ref: JLT25093793 Prosser K

If you are paying from overseas, please note the below details:

IBAN: GB14CITI18500811417444
BIC: CITIGB2L

Please confirm to us when you have paid so we can start work on your transfer straight away. You can do this by either:

- Emailing us at **Lansing_Linde@mercerc.com**. Please include the member's full name, National Insurance number, the Scheme name and the reference JLT25093793 in the email.
- Calling **0345 618 9670**. If you call us, please have the member's National Insurance number ready.
- Writing to us. If you write to us, please provide the member's full name, National Insurance number, the Scheme name and the reference JLT25093793.



Mr A. Shakespeare

Last logged on 26 February 21 at 09:29

[Settings](#) [Log off](#)

Confirmation details

On Friday 26th February at 02:02 PM you paid:
£432.00

From your
Stratford Collins Financial Consultants
30-91-18 00422204

To
MERCER LIMITED
18-50-08 11417444

Reference
JLT25093793PROSSER

When
As soon as possible

Sarah Thomas

From: NOREPLY.Rhondda.Cynon.Taf.CBC.payments@civicaepay.co.uk
Sent: 27 January 2021 11:25
To: Sarah Thomas
Subject: Receipt RCSH10512699

Receipt Details

Payment made to:
Rhondda Cynon Taf CBC
Ty Bronwydd
Bronwydd
Porth
Rhondda Cynon Taf CBC
CF39 9DL

Card holder details:
Mrs Sarah Thomas
15 Leigh Close
Llantwit Major
Vale of Glamorgan
CF61 1UL

Receipt number RCSH10512699
Authorisation code 027539
Merchant Number **53629
Terminal ID ****7991

Card type Delta
Card number *****6613
KEYED

Date/Time 27/01/2021 11:23:49

S045/0594	Miscellaneous WP056393A Prosser	139.20	0.00
	Total Amount	139.20	

Thank you. Your payment for £139.20 has been accepted
Your account will be debited with the above amount.

Please retain this copy for your records.
This is not a VAT receipt

Outward Payment Instruction

(Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M.

Registered Scheme Administrator

1. Customer details

Customer Name

Pegasus Property Executive Pension

Account Number

0 4 9 1 9 0 8 8

2. Payment details

Payment Type



Faster Payment (No Fee)



CHAPs (£25.00 Fee)



Account To Account Transfer

Amount (GBP)

5 7 1 2 0

Date To Process

Amount in Words

Five hundred and seventy-one pounds and twenty pence

3. Beneficiary Information

Beneficiary Name

Stratford Collins Consultants

Beneficiary Sort Code

3 0 9 1 1 8

Beneficiary Account Number

0 0 4 2 2 2 0 4

Payment Reference (if applicable)

Prosser

4. Customer Signature

Authorised Signature

Date:

Authorised Signature

Date:

FOR INTERNAL USE ONLY



Input By:

Signature:

Date:

Authorised By:

Signature:

Date: