

CM20 2BJ **tegicplacements.n**e

With Compliments

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Strategic Placements Peasedown Limited. Registered in England and Wales.

Company number 07796956. Registered Office: 15 Palace Street, Norwich, Norfolk, United Kingdom, NR3 1RT

Transfer agreement

Transfer of all of the cash equivalent or transfer value to an occupational pension scheme

Reference number: 0003743 Date of birth: 01/01/1968 Guaranteed transfer value: £43,319.57 Guarantee and date: 28/05/2014 To be filled in by the administrators of the receiving occupational pension scheme Name of the receiving scheme: Is the receiving scheme currently contracted-out? Yes No If yes, please complete the box below. Employer's contracted-out number Scheme's contracted-out employment began: How any Guaranteed Minimum Pension will be revalued If No, can the receiving scheme accept contracted-out liabilities? Yes No Cheque to be made out to: Address and postcode the cheque should be sent to: We will transfer the payment to the receiving scheme's bank or building society account direct. Please fill in the section below. Bank account or building society account Name of the account: Bank: Branch address and postcode: Account number: Guarantee	Name of the transferring scheme: Name of the member:	Miss R Lanzoni
Guaranteed transfer value: Guarantee end date: Charantee end date: E43,319.57 28/05/2014 To be filled in by the administrators of the receiving occupational pension scheme Name of the receiving scheme: Is the receiving scheme currently contracted-out? If yes, please complete the box below. Employer's contracted-out number Scheme's contracted-out number Date contracted-out employment began: How any Guaranteed Minimum Pension will be revalued If No, can the receiving scheme accept contracted-out liabilities? Yes No Cheque to be made out to: Address and postcode the cheque should be sent to: We will transfer the payment to the receiving scheme's bank or building society account direct. Please fill in the section below. Bank account or building society account Name of the account: Bank: Branch address and postcode: Account number: Sort code: Roll number:	그는 그렇게 많다고 그 마음이렇게 되었는데 하는 사용하는 것이 하게 되어 있다. 그는 그리고 그를 모르게 되고 있는데 이번 그를 하고 있다.	
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Branch address and postcode: Account number: Sort code: Roll number:	Name of the account:	
Account number: Sort code: Roll number:	Bank:	
Account number: Sort code: Roll number:	Branch address and postcode:	
Sort code: Roll number:	•	
Sort code: Roll number:		
Sort code: Roll number:		
Roll number:	Account number:	
Roll number:		
	Sort code:	
	Roll number:	

We confirm that the receiving occupational pension scheme is registered under Chapter 2 of Part 4 of the Finance Act 2004. We confirm the member is a member of the receiving scheme and the sums transferred will be held in connection with that member.

Signature for and on behalf of the administrator of the receiving scheme:
Print name: Title: Date:
To be filled in by the member
I confirm that I have received a statement from the receiving scheme showing the benefits to be awarded in respect of the transfer payment.
Please pay all of my cash equivalent or transfer value under the transferring scheme as a transfer
value to the receiving scheme named above. I understand that:
• the payment will be instead of the benefits due, or benefits that would have been due to me or for me as a result of me being a member of the transferring scheme;
• the benefits provided by the receiving occupational pension scheme may be in a different form and of a different amount to those which would have been due under the transferring scheme;
• the Trustees will no longer have to provide benefits to me or for me as a result of me being member of the transferring scheme;
 unless I have contracted-out benefits in the transferring scheme and the receiving scheme is contracted-out on a salary related basis, there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment; and
• I will protect the Trustees against any costs, claims, demands or expenses which may become due as a result of the payment.
I confirm that my date of birth shown on the first page is correct.
Signature: Recole Locycui Date:
Signature: Recole Locatori Date: Print name: RNATA LANZON:

Eaton UK Retirement Benefits Plan

Transfer-out Trustees authority form

Name of the member: Miss R Lanz	oni
Reference number: 0003743	
	Administrator of the following arrangement, we give you Customs for any information about the Plan's registration status.
Name of Plan:	
Address and post code:	
and the state of t	
Pension scheme tax reference (PSTI QROPS reference number:	R)/
Name of Scheme Administrator:	
Employer contracting-out number:	
Scheme contracting-out number:	
Signature by, or on behalf of, the Tr	ustees/Scheme Administrator:
Print name:	Position:
Scheme Administrator ID no. (if app	plicable):
Date:	
Please return the filled-in form to:	Eaton UK Retirement Benefits Plan PO Box 545 Redhill RH1 1YX