

FundsNetwork™

Our Transfer Reference: TVI Cash 3595226123
Your Ref: Retail Pension Scheme

FundsNetwork™
Beech Gate, Millfield Lane
Lower Kingswood
Tadworth
Surrey
KT20 6RP

Telephone: 0800 902 902
IM03026@fil.com

Retirement Capital
Compass House
Merthyr Tydfil Industrial Park
Merthyr Tydfil
CR48 4DR

14 November 2023

Pension Transfer Request from RC Administration Ltd(SSAS) -sipp to FundsNetwork

Client Name: Nazia Rashid Behrens

Fidelity Account Number: AP10105705

Dear Sir or Madam,

[We enclose a copy of our transfer application, signed by the above client, authorising us to proceed with the transfer of benefits. If you require original paperwork, please send us a request and we'll forward this in due course.]

The nudge to guidance has not been given by Fidelity as the transfer is to an FCA regulated pension scheme and the member has received regulated financial advice on the transfer.

For your information, the Fidelity Retail Pension Scheme is administered by Financial Administration Services Limited (FASL). The Pension Scheme Tax Reference (PSTR) is 00789610RW.

Please forward the transfer payment for the above client to the following details. **Failure to include our reference will result in the return of the payment.**

Bank: BARCLAYS BANK PLC
Account name: FIDELITY
Account number: 33039005
Sort code: 20-93-32
Reference: 3595226123

[Please note we do not accept earmarking orders on the pension. We can accept the transfer of a policy in respect of contracted-out rights, when converted to a cash equivalent transfer value. We will not accept any liability to provide a GMP or section 9(2B) rights, as we are not a salary-related contracted out scheme. Upon completion, please provide full transfer information prior to payment confirming the following:

- If the transfer value includes divorce credits, the amount of qualifying divorce credits.
- Where the transfer contains any crystallised benefits please confirm the following:
 - MPAA trigger date.
 - Protection status and details.
 - Details of pensions in payment before A-day (6th April 2006).
 - Benefit crystallisation events, commencement dates, amounts and LTA utilised.
 - Flexi-access or Capped. If Capped: Max GAD, last and next review dates and total income paid.
- If in payment the P45 including Year to date figures for income and tax, and tax code.

For investments made through FundsNetwork or within a Fidelity ISA or SIPP this communication is issued by Financial Administration Services Ltd (Reg. No. 1629709). For other investments in Fidelity's OEICs/ Unit Trusts it is issued by FIL Investment Services (UK) Limited (Reg. No. 2016555). All companies are authorised and regulated by the Financial Conduct Authority and have their registered office at Beech Gate, Millfield Lane, Lower Kingswood, Tadworth, Surrey, KT20 6RP

The FundsNetwork Pension Transfer Letter of Authority

3595226123

Important Notes:

- Please do not amend any information on this application form as the order details have already been submitted and cannot be changed
- Please sign and date this form in black ink and return to Fidelity, PO Box 391, Tadworth, KT20 9FU

1 About you

Full name: **Ms Nazia Behrens** Address: **Flat 6, 62 Queen's Gate
LONDON
LONDON, SW7 5JP**

Date of birth: **14-May-1971**

NI number: **NW717061A**

FundsNetwork pension account number: **Pension Savings Account**

2 Details of pension to be transferred

Provider name: **Retirement Capital** Provider address: **Compass House
Merthyr Tydfil Industrial Park
MERTHYR TYDFIL
CF48 4DR**

Transfer type: **Full Transfer**

Estimated transfer value: **£95,648.48**

Policy reference: **Reptail Pension Scheme**

3 Declaration and signature for transfer

In relation to my transfer application for the FundsNetwork Pension, I make the declarations set out below.

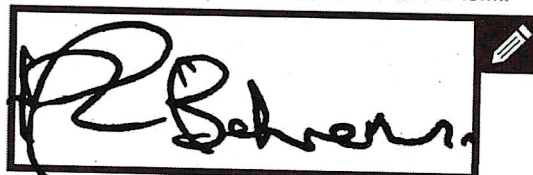
I declare that:

- I have read the literature relating to the FundsNetwork Pension and I understand that this transfer will be bound by the Rules (as this term is defined in the FundsNetwork Pension Client Terms).
- I authorise the current provider to release all necessary information to FundsNetwork to enable the transfer of funds to the FundsNetwork Pension.
- I authorise and instruct the current provider to transfer funds from the plan listed in this application directly to Financial Administration Services Limited. Where the current provider has asked me to provide any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which the current provider may incur as a result of having made the transfer listed in this application.
- I authorise the current provider to disinvest and transfer my pension benefits to Financial Administration Services Limited where a full or partial cash transfer has been requested. Where a re-registration of assets has been requested, I authorise the current provider to disinvest and transfer as cash any asset(s) that cannot be re-registered to Financial Administration Services Limited.
- If an employer is paying contributions to the plan mentioned in this application, I authorise the current provider to release to that employer any relevant information in connection with the transfer of funds from the relevant plan. Until this application is accepted and complete, FundsNetwork's responsibility is limited to the return of the total payment(s) to the current provider.

- Where the payment(s) made to FundsNetwork represent(s) all of the funds under the plan mentioned in this application, then payment made as requested will discharge the current provider of all claims and responsibilities in respect of the mentioned plan.
- Where the payment(s) made to FundsNetwork represent(s) part of the funds under the plan mentioned in this application, then the current provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that FundsNetwork and the current provider 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 confirm that, where I am transferring contracted out benefits, I wish to transfer these from the current provider to Financial Administration Services Limited.

Signature

By signing here I confirm I have read and completed all relevant sections as per the instructions on this form.



DATE **09/10/2023** (DDMMYYYY)

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE ON
THIS FORM OR YOUR APPLICATION WILL BE REJECTED**

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