

# Transact Pension Transfer Out Warranty

## Section A - Plan Details

Client Name ..... Mr Maxwell SPARROW  
Plan Type ..... SIPP  
Membership Certificate Number ..... 000-0625-316  
Transact Portfolio Number ..... 177-197-800  
Current Value Pension Rights £  
(Not guaranteed) Section 9(2b) Rights £  
TOTAL TRANSFER VALUE £ 19,471.33  
Valuation Date ..... 23-02-2016

None of the benefits from this transfer are subject to an 'earmarking' order.

### Please Note

- The actual transfer value will depend on the value of the assets held on the day that funds are disinvested and the amount of any outstanding charges in the current quarter.
- Please indicate if existing assets are to be transferred:

In Specie

☐

Cash

☐

Partial

☒

(Sell all assets and convert to cash prior to transfer)

If Partial transfer required, please provide % of benefits to be transferred. **Please Note**, partial transfers are only applicable to accrual or partial annuity transfers

90%

## Section A - Plan Details Contd.

### Pension Details

Income Commencement Date .....

Date of Last Review .....

Max GAD Income .....

Amount of Lifetime Allowance  
Used .....%(where appropriate)

### Transact Scheme Details

PSTR Number 00605455RP

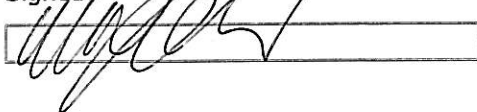
This payment comes from a Registered Pension Scheme approved under Part 4 of the Finance Act 2004. Formerly an approved Personal Pension scheme under Chapter IV of Part XIV of ICTA 1988.

### Member Declaration

I hereby request that IntegraLife UK Limited pay the current value of the benefits I have requested in my Transact Personal Pension to the receiving arrangement indicated in Section B below.

I confirm that this payment represents a full discharge of all the benefits in the policy and that IntegraLife UK Limited will have no further liability or obligation in respect of the policy.

Signed



Date

14 13 12/6

## Section B - Receiving Scheme Declaration

Members Name

MR MAYWELL SPARROW

NI Number

JP 32 28 03 0

Name of Scheme

SCIL PENSION SCHEME

Plan Number (if known)

**We undertake that the receiving Scheme is:**

- (a) **A UK Registered Scheme:** this is a scheme which is registered by HM Revenue & Customs under Part 4 of the Finance Act 2004, (including existing schemes that automatically acquire this new registered status on 6th April 2006). The HMRC Reference is:



SF/PSTR ...../.....

- (b) **A Qualifying Recognised Overseas Scheme:** for a recognised overseas scheme to become a 'Qualifying' scheme and retain qualifying status, the scheme manager must provide information and evidence that:



- The scheme satisfies all of the requirements as described below for a Recognised Overseas Scheme
- Undertake to notify HM Revenue & Customs if the scheme ceases to be a Recognised Overseas Scheme and supply them with information when making payments to certain scheme members.

We enclose a copy of the acceptance letter from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a Qualifying Registered Pension Scheme. (Please tick this box to confirm the letter is enclosed).



Transact is unable to transfer benefits to any other type of scheme.

I declare that the receiving scheme is prepared to accept the transfer payment and that it will be used to provide appropriate retirement benefits within the receiving arrangement.

### Scheme Particulars

Registered Pension Scheme Number

CO 824 282 RS

**Payment Details**

(Please note that where transfers are being made to other insured schemes, payment will only be made to the provider/insurer).

Name and address of pension provider or scheme to which transfer is to be made.

PENSION PRACTITIONER.COM, DAWS HOUSE, 33-35 DAWS LANE	
LONDON	
Postcode	NW7 4SD

Account Name

SCTL PENSION SCHEME
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Bank Name and Address

METRO BANK, ONE SOUTHAMPTON ROW, LONDON	
Postcode	WC1B 5HA

Sort Code

2	3	-	0	5	-	8	0
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Account Number

1	7	9	6	8	2	2	9
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Payment Reference

MSPARROW M3
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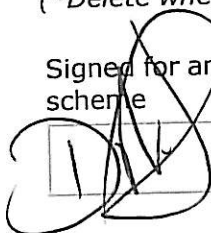
**NB: If unable to accept payment via BACS, please contact Transact directly to advise.**

**Declaration**

I/we\* confirm that the information given in section B above is accurate to the best of my/our\* knowledge and belief.

(\*Delete where appropriate)

Signed for and on behalf of the receiving scheme

  
[Signature Box]

Date

/ /

Print Name

DAVID NICKLIN

Position

Scheme Administrator

Company Stamp

<p>Pension Practitioner.Com Daws House 33-35 Daws House London NW7 4SD</p>
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