

Date		19/01/2017		r Ref	NW Support					
Bra	d Davis			Tilney Financial Planning (National)						
Pen	sion Prac	titioner.com		Northern Assurance Buildings						
Dav	vs House		9/21 Princess Street							
33-3	35 Daws L	ane	Manchester, M2 4DN							
Lon	idon		FCA No: 134190							
NW7 4SD				Email: nwsupport@tilney.co.uk						
			Te	el: 0161 83	32 6413 Fax: 0161 834 223					
Dep	artment:	SSAS Servicing	Your Ref							
Clie	nt Name	SPM SSAS Mary Buckley								
Plai	n No									
DOB			NII	NO						
Enc	losed:		Required							
Χ	Lifetime	Allowance Certificate	Х	Acknowledgement						
Χ	Benefit	Crystallisation questionnaire	Х	Confirmation of payment						
Х	X Metro Outward Payment Instruction									
Х	Metro O	utward Payment Instruction								

Dear Brad

Please find enclosed the above documentation for your attention as discussed with Abbie Clegg.

Please acknowledge receipt and confirm above requirements.

Should you have any queries, please don't hesitate to contact me.

Yours faithfully

Claire Ellin

Financial Planning Support

Benefit Crystallisation Event Member Questionnaire

Scheme Name: SPM SSAS

Member Name: MARY LINDA BUCKLEY

Please accept this as my written request to take benefits from the above scheme and confirmation of information in respect of this Benefit Crystallisation Event:

Required Benefits

1. I wish to draw all of my fund in Tax Free Cash and Income

2. I wish to vest segments and take as Tax Free Cash and Income

(3) I wish to vest sufficient funds to provide a Tax Free Cash amount of £ BALANCE OF MLL

UNCRYSTALLISED 4. I wish to vest sufficient funds to provide an annual Income amount of £ FUNDS.

Other (please detail)

Will this be your first Benefit Crystallisation Event occurring on or after 06 April 2006 (under any Registered Pension Scheme?



If 'No', what was the date of your first Benefit Crystallisation Event occurring on or after 06 April 2006

What is the percentage of the SLA used up under those earlier Benefit Crystallisation Events that occurred under any other Registered Pension Scheme you are (or were) a member of, as recorded on your latest scheme statement(s). Copy statement(s) MUST be attached.

Name of Registered Pension Scheme % SLA

Signed: M.C. Brokley

Date: 13/1/17

Pensionpractitioner.com is the trading name of Pension Practitioner.Com Limited UK Registered Company Number: 6028668 VAT Registration Number: 894312018 HMRC Pension Practitioner Registration Number: 00005886

Lifetime Allowance Certificate

Scheme Name:
Member Name:
Does Enhanced Protection apply:
Does Primary Protection apply:
Percentage of lifetime allowance remaining before this BCE:
Percentage of lifetime allowance under this BCE:
Percentage of lifetime allowance after this BCE:
Date of BCE:
Amount of BCE used:
M. C. Buckley Minh
Signed:
For Scheme Administrator

Date: 13/1/17

Outward Payment Instruction

(Faster Payments & CHAPs)

Date:



Store	One So	outh	ampt														
1. Customer details																	
Customer Name						Account Number	1	8	2	8	5	4	4	4			
2. Payment details																	
Payment Type Faster Payment (No Fee) Faster Payment Maximum Value = £100K. Payments of a higher value must be sent via CHAPs CHAPs (£17.50 Fee) CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day Account To Account Transfer Amount (GBP) 4 8 0 1 6 7 8 Date To Process 2 0 0 1 2 0 1 7																	
Amount in Words Forty eight thousand and sixteen pounds and seventy eight pence																	
3. Beneficiary Information																	
Beneficiary	Name	Mrs	Mar	y Lin	da Bu	ıckley											
Beneficiary	Sort Code	4 0 3 1 0 2															
Beneficiary Number	Account	8	1 :	1 0	9	7 1	5										
Payment R (if applicabl		Balance of Tax Free Cash															
4. Cu:	stomer Sig	gnatu	re														
							Authorised Sign	thorised Signature									
1Buskles								M.L. Buckley.									
Date: Da							Date:	Mary Linda Buckey.									
Lesice pirtury																	
FOR INTERNAL USE ONLY - ID & V Confirmed (Passport or Driving Licence Number)																	
Customer Photo Customer Signature 4Tress ID																	
Input By:					Authorised E	Authorised By:											
Signature						Signature:		1	T								

301 OF 1.1 (05/12/11)

Date: