

Financial Services Limited Local Matters, National Strength.

Dat	е	1	June 2012	Our	Ref	Laura Surtees		
Bra	d Davies				HW Financial Services Ltd			
Pension Practitioner					Northern Assurance Buildings			
Daws House					9/21 Princess Street			
33-35 Daws Lane					Manchester			
London					M2 4DN			
NW7 4SD								
					Tel: 0161 832 6413			
					FSA No. 134190			
Dep	partment			You	Your Ref			
Clie	ent Name)	SPM SSAS					
Pol	icy No							
DO	В							
En	Enclosed:			Red	Required			
	Cheque			X	Acknowledgemen	t		
	Anti Mor	ney	Laundering Documents		Investment Sched	lule		
	Applicat	on l	Form		Policy Documents			
	DDM				Commission			
	Top Up Application				Confirmation of monies invested			
	Investment Managers Agreement							
Χ	Benefit s	Benefit statement form						
FU	RTHER F	EQ	UIREMENTS					

Northern Assurance Buildings, 9/21 Princess Street, Manchester M2 4DN

Telephone: 0161 832 6413 Fax: 0161 834 2230 Email: laura.surtees@hwfs.co.uk

In order that we may prepare your benefit statement, we will require the total remuneration, inclusive of dividend income for each scheme member. Please give the name and remuneration below for income in respect of the tax year ending 5th April 2012.

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London NW7 4SD

		serving to 1 a	Dividence cres	,					
LESLIE	BUCKLEY	£63,500	£60,000						
MARYLI	NOA BUCKLEY	£64,500	£ 40,000						
PAUL B.	ucklet								
MICHEL	LE KWG	£5,000	-						
**Fund S	plit in respect of each member:								
Name of r	member:	% of fund	As PER	PCCM RECCADE					
1			,,,,	,, ==, , ,=eeqas,					
2									
3									
4									
Additiona	d Questions:								
In relation to compulsory pension schemes for 05/04/2012-									
	Do you have two or more salaried employees (excluding dividends) at your company?								
- If	If yes, do you presently provide a pension scheme for them?								
	- If you hold commercial property in the pension scheme do you retain current:								
2.	Building insurance? Landlord's liability insurance?		Yes/ Yes/	No No					
Signed:	Munles								
Date:	22/5/2012								
Please reti	urn this form to Pension Practition	er Com Limited at:							
Daws Hou		er .com Emilieu at.							
33-35 Day									

You can also email this form with other paperwork we may have requested you to provide in the cover letter to: bradd@pensionpractitioner.com