

CGI - Pensions PO Box 56332 LONDON SE1 0UY

Part A - To be completed by the member

Although Xafinity Paymaster is unable to advise you as to the best course of action to take, further information may be obtained by telephoning us. Before making a decision you may also wish to seek advice from an Independent Financial Advisor (IFA) or to consult your Federation Representative.

| I wish to proceed with the transfer of my benefits. Please pay the transfer value of | | |
|--|--|--|
| £103,750.73 | | |
| to the Trustees/Administrator/Insurance Company of the following registered pension scheme (enter the full name of the receiving arrangement):- | | |
| | | |
| I confirm that my current marital status is as follows (please tick): | | |
| Single Married Monorced Widowed Civil Partnership | | |
| A certified copy of my birth certificate, passport or driving licence is attached for proof of identity. | | |
| I confirm that, on payment of the transfer value to the receiving scheme, I will have no further claim on the police pension. | | |
| If I am transferring my benefits to a scheme that is not a contracted-out salary-related scheme, I confirm that I have received a statement from the receiving scheme showing the benefits awarded in respect of the transfer payment. | | |
| I confirm that I have read the pension liberation leaflet provided by the transferring scheme. I understand that I will incur a tax charge of 55% of the total transfer payment, on top of any fees charged by the receiving scheme or agent, if I transfer my pension to a scheme that involves me in a pension liberation fraud. | | |
| I do not wish to transfer my benefits within the Metropolitan Police Pension Scheme and would like them to remain preserved in the scheme. | | |
| Please tick to confirm | | |
| confirm that the information provided is correct. | | |
| igned (Member): Date: 10/04/14 | | |
| ull name: SEAN KENRICK | | |
| SEAN KENRICK igned (Spiguse/Civit Partner): Date: , , | | |
| 10/04/14 | | |
| all name: SIBEL VENDICV | | |
| SIACI VENIDIOV | | |



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Part B - To be completed by the receiving scheme

| Name of receiving s | cheme: | · |
|--|---|---|
| Address for correspo | ondence: | |
| | | |
| | | · |
| Scheme details: | The receiving Sc | cheme is a: |
| | Contracted in/ou | t occupational scheme* |
| | Personal/stakeho | |
| *nloogo doloto on a | Statutory pension | a scheme* |
| *please delete as a Pension Scheme Tax | ppropriate Reference (PSTR) No: | - |
| Receiving scheme E | · · · · · · · · · · · · · · · · · · · | |
| | CON (if applicable): | |
| | CON (if applicable): | |
| Inland Revenue appr | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| miana rovenue appi | Ovai status. | |
| Please also provide us Payment details: | | es PSTR registration certificate. |
| | Payment should be mad | le to; |
| | Address for payment: | |
| | | |
| | | |
| We/I hereby confirm authorise the HMRC regarding the status of | to disclose all informatio | are satisfied under the terms of our pension scheme and n requested by the Metropolitan Police Pension Scheme |
| Signed: | | Date: |
| Full name: | | Position: |
| Once completed pleas | se return to: | Company Stamp |
| CGI – Pensions PO Box 56332 Londo | | |
| SE1 0UY | | Administration ID: |
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