



# ST. JAMES'S PLACE

WEALTH MANAGEMENT

Administration Centre PO Box 9034

Chelmsford CM99 2XA

Telephone: 0800 027 1030 www.sjp.co.uk

## *St. James's Place Request to Transfer*

To St. James's Place

I, Mrs Kay Moloney hereby request you to pay the sum shown in the schedule below representing the whole sum due on the Plans mentioned therein by a crossed cheque payable as indicated below. I understand any tax free cash protection from pre 6 April 2006 rights will be lost on transfer, unless this is part of a block transfer, or Primary / Enhanced Protection applies.

### Plan Numbers

### Total Sum Payable

39B60X23 46D08X99

£77,708.00

Receiving Scheme: ..... TM SSAS .....

Payee\*/\*\* ..... TM SSAS FUND .....

\*For insured or partially insured schemes, the payment must be payable to the Insurer

\*\*For non – insured schemes, payment must be made payable to the  
Trustees of the *Company Name* Retirement Benefits Scheme

Address of Payee ..... TM SSAS .....

C/O REGISTERED SCHEME ADMINISTRATOR  
48 CHORLEY NEW ROAD  
BOLTON BCL 4AP

### DECLARATION – TO BE COMPLETED IN ALL CASES

Please pay the full proceeds of the above Plan/s in accordance with the instructions above. Settlement in terms of the instruction given will be full discharge of St. James's Place's liability for the benefits as described in this form.

Signed ..... K. Moloney ..... Date 26.04.18  
(Mrs Kay Moloney)

The value indicated is based on unit prices on 26 March 2018 and assumes the last regular contribution was paid on 27 March 1998. The actual value will be based on prices on the date following receipt of all the required documentation (claim form and Transfer Value Information form) fully completed at the St. James's Place Administration Centre.