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Wales CF48 4DR

22 November, 2020

Reference: Transfer Documents for Trisha Theodore-Heath –  
Prudential Pension

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Dear Esther

Please find enclosed part filled-out copies of the transfer documents for one of my Prudential pensions.

This is in relation to our SSAS, which is currently managed by Retirement Capital.

Kind regards



Trisha Theodore-Heath

c.c. Liam Hillier – Opportunity10

# Information for the receiving pension scheme

## Existing arrangement details

Planholder name	Mrs TRISHA THEODORE-HEATH
Plan number(s)	B612R195
Date of birth	20 October 1970
Contact address	LANCING BN15 8GB
Plan type	Prudential Company Pension Transfer Plan
Benefit Type	Uncrystallised
The scheme is, or is deemed to be, a registered pension scheme in accordance with Part 4 of the Finance Act 2004.	

## Transfer value as at 12 November 2020

Total transfer value	£33,645.36
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The above figures are not guaranteed and will be recalculated before the payment is made.

## Additional transfer details

Are any rights resulting from a pension share included?	No
Are any of the rights being transferred subject to a pension earmarking or attachment order?	No
Are drawdown pension funds included?	No
Has any tax-free lump sum been paid in connection with the rights being transferred?	No
Since April 2015, to Prudential's knowledge, have benefits been taken using HM Revenue & Customs flexible access rules triggering the money purchase annual allowance?	No
Will the transfer be part of a block transfer?	No
Can any of the rights being transferred be taken before minimum retirement age?	No
Does any lifetime allowance protection apply to the benefits being transferred?	No

# Prudential transfer document checklist

Please ensure all forms have been fully and accurately completed, and all of the documents listed below are sent to us or the receiving scheme as indicated.

Document title	Instructions	
Transfer discharge form	Fully complete the name and address of the pension provider receiving the transfer payment.	✓
	This must be fully completed and signed by the planholder.	
Receiving scheme's transfer statement	This must be fully completed and signed by an authorised representative of the receiving pension scheme.	
We will only be able to process this transfer once we have received the correctly completed documents.		
Please return your completed forms and documents to:		
Prudential LANCING BN15 8GB		



# Transfer discharge form

To be completed by the planholder.

Plan number(s) **B612R195**  
Planholder **Mrs TRISHA THEODORE-HEATH**

**Please remember:** The amount paid will be recalculated when we pay the transfer and this may be higher or lower than the amount shown previously.

**Please remember:** We will cancel the units and calculate the transfer value using the unit prices at the date of receipt of all the items requested, fully completed, together with any supporting documents. The amount transferred may be higher or lower than the figures shown previously.

Any incomplete or missing information will delay both the cancellation of units and the transfer payment to the receiving scheme.

I authorise you to transfer the above plan to:

(Please provide the full name and address of the pension provider or pension scheme which is to receive the transfer payment.)

Name of new scheme/pension provider	<b>Joel 2 vs 25-27 Pension scheme</b>
Address	
Postcode	
Reference number	
New contact name	
New contact telephone number	
New contact e-mail address	

## How we use your personal information

For a copy of our latest Data Protection Notice, please visit [www.pru.co.uk/mydata](http://www.pru.co.uk/mydata). This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a hard copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing, BN15 8GB.

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

## Planholder's declaration

Please read this declaration carefully before signing it. If you believe one or more of the statements below is/are not true in relation to the proposed transfer, and as a result you cannot sign the declaration, we may not be able to/cannot proceed with the transfer.

In relation to the plan listed above, I hereby declare:


- I agree to, and request, the transfer of benefits as indicated above.

## Transfer discharge form continued

- I confirm that I have been made aware of any surrender penalties that will be deducted following surrender of the plan.
- I understand the transfer value is not guaranteed. It will be recalculated before the payment is made, and may be higher or lower than the amount shown previously.
- I am the legal owner of the plan and I am legally entitled to instruct you to transfer the value. I have never been adjudged to be bankrupt, there are no court orders and/or insolvent events affecting my plan.
- I understand and agree that payment of the transfer value will be in full and final discharge of your liabilities in respect of the benefits under the plan number stated above.
- I understand that if I have any entitlement under the Prudential plan(s) to a protected tax-free lump sum and/or a protected pension age these may be lost upon transfer.

My date of birth is 20 October 1970.

- I declare that my date of birth shown and that the statements that I have made are correct and complete. I understand that making a false declaration may result in tax charges and other penalties.
  - I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan(s).
  - I also promise that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading, or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to the benefits from the plan(s).
1. If you are concerned or have queries about one of the statements please do not hesitate to contact us to discuss the same.
  2. If you have been previously adjudged bankrupt, subject to a Debt Relief Order, Individual Voluntary Arrangement, Administration Order or another insolvent event or your plans are/have been potentially affected by any other court orders, please contact us and provide us with relevant details/documentation, such as: a copy of the order concerned, court/insolvency service reference number and details of the court or insolvency service office, official receiver's office, insolvency practitioner or solicitors details, in order for us to make appropriate enquiries to decide whether or not the transfer can proceed. If you believe all other relevant parties concerned have consented to the transfer please provide documentation to confirm the same. Please note we cannot provide you with legal, financial or tax advice, and you should obtain such advice independently if you feel it is required.

Planholder's signature	
Name	TRISHA THEODORE-HEATH
Date	22/11/2020

Please provide a telephone number below which we can use to contact you between the hours of 8.30am and 6pm, Monday to Friday.

Preferred daytime contact number	07872944352
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Before signing, if you are unsure of any of the terms we have used, please call us using the contact details in our covering letter.

Please note, if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to your original contract.



# Receiving scheme's transfer statement

## Section 1 – Details of transferring scheme/ planholder

Planholder name	Mrs TRISHA THEODORE-HEATH
Planholder date of birth	20 October 1970
Planholder NI number	NZ676686C
Plan number(s)	B612R195

## Section 2 – Details of receiving scheme

This document should only be used for a transfer to a UK registered pension scheme.

Full name of receiving scheme/ provider	
Your plan number	
HMRC reference (PSTR or SF number)	
Scheme administrator's name	
Scheme administrator's address	
Postcode	
Name of contact (in case of enquiry)	
Telephone number	
Email address	

Type of scheme – the scheme is a: (please tick the relevant box.)

A) A pension scheme registered under Chapter 2, Part 4 of the Finance Act 2004.

☐

B) A statutory pension scheme (as defined in Chapter 1, Part 4 of the Finance Act 2004).

☐

If you have ticked option A please enclose a copy of the scheme's HMRC registration document.

## Transfer statement continued

### Additional details

Is the scheme:

(i) a non-insured self-administered scheme or a self-invested pension plan?

Yes ☐

No ☐

(ii) an insured scheme?

Yes ☐

No ☐

(iii) a public service pension scheme as defined in s150(3) FA2004?

Yes ☐

No ☐

(iv) a buy-out (deferred annuity) contract?

Yes ☐

No ☐

If the scheme is an insured scheme, or a buy-out contract, we will usually make payment only to the life office insuring the scheme or contract.

### Section 3 – Payment details

Please note that if your scheme is fully insured then we will pay the transfer payment directly to the new insurance company, in accordance with HMRC requirements. If the transfer is to a non-insured scheme we will pay directly to the receiving provider or administrator.

Our preferred method of payment is BACS.

(a) If you would prefer payment by BACS please provide us with details of the account into which you would like payment to be made.

Sort code	
Account number	
Account name	
Name of bank	
Reference number	

(b) If you would prefer payment by cheque, to whom should the transfer cheque be made payable?

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This is the scheme/contract's: administrator ☐ trustees ☐ insurer ☐

(c) Where should the cheque be sent (complete if different from above)?

Name	
Address	
Postcode	

### Section 4 – Receiving scheme declaration

This section is to be completed by an authorised signatory of the receiving scheme

We hereby declare:

## Transfer statement continued

- we are willing to accept the transfer payment
- the transfer payment will be used to provide relevant benefits under a UK registered pension scheme, in line with Part 4 of the Finance Act 2004
- the information given in this questionnaire is complete and correct; and
- we consent to you referring this proposed transfer to HMRC and for HMRC to provide information to you relating to the registration of the receiving scheme.



Signed for and on behalf of the receiving scheme:

(Please note: if the new agreement is cancelled with the scheme indicated above, we may not be able to accept the transferred money back in to the original contract.)

Authorised signatory	
Name of signatory	
Contact phone number	
Position/title of signatory	
Date signed	



# Important information

## Transferring your pension plan?

### Getting advice

Transferring your pension benefits to another provider can be a major decision to make, so although it is not a regulatory requirement, we strongly recommend that you consult your financial adviser when considering your options.

Our Customer Services teams are unable to give financial advice, but we are happy to help with any queries you may have. If you would like advice, please contact your financial adviser. If you do not currently have an adviser, you can find a Prudential adviser in your area online via [pru.co.uk/financial-advice](http://pru.co.uk/financial-advice). Or you can find an Independent Financial Adviser in your area online via [www.unbiased.co.uk](http://www.unbiased.co.uk).

### Things to think about before transferring your plan

Transferring your pension is a big step, so you may wish to consider the following before you finally commit to transferring.

If you need any further information please call us using the contact details in our covering letter.