

SIPP Transfers

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Ms G Stuliglowa
Pension Practitioner
Pension Practitioner Venture Wales
Merthyr Tydfil Industrial Park
Pentrebach
Merthyr Tydfil
Mid Glamorgan
CF48 4DR

17 March 2020

Our Ref: 1018697

URGENT

Pension Transfer: Request for Discharge Forms

Dear Sir/Madam

Existing Policy: Pension Practitioner 00723510RS
Member: Mr P J Goldfinch, 6 La Sagesse Newcastle Upon Tyne NE2 3AF
Transferring into: HL SIPP (PSTR - 00616238RC)

Please find attached a letter of authority to enable our client to transfer the above policy to the HL SIPP. I would be grateful if you could send the necessary transfer out details to enable this to proceed.

What we require from you (please email where possible):

☐	Discharge Forms
☐	Details of current scheme, including values
☐	Details of any safeguarded benefits including the below*

*Please note the HL SIPP cannot automatically accept transfers from the following schemes:

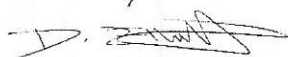
- AVCs linked to a Defined Benefit scheme, where the AVC can provide some or all of the main scheme Tax Free Cash entitlement
- Money Purchase schemes or Section 32 plans with an underpin or containing GMP or 9(2B) rights
- Cash Balance schemes

If you do not provide this information we will have to contact you again to confirm it.

Additionally, please advise us if either the pension has been crystallised in full or part or if there is a court order attached to the plan.

If you have any further queries on this matter, or any other, please do not hesitate to contact me on 0117 980 9891 or at sipptransfers@hl.co.uk

Yours faithfully,



David Elliott
Hargreaves Lansdown Asset Management Ltd

Policy 1 – transfer to the HL SIPP. Leave blank if you're not transferring a pension

AWSC4

Title (Mr, Mrs, etc): MR		Full name: PAUL GOLDFINGH		Address: 6 LA SAGESSE, NEWCASTLE	
Postcode: NE23AF		National Insurance No: NZ625628A		Date of birth: 27/7/73	
Pension details		Pension name: GOLDFINGH FAMILY TRUST		Policy number: 00723510RS	
Pension type e.g. Stakeholder: SASS		Approx. value of funds not in drawdown (min £1,000) £ 28,000		☐ Please tick here if this is a drawdown policy ☐ Tick if partial transfer	
Name and address of administrator: Pension Practitioner Office 12, Venture Wales Building Merthyr Tydfil		Approx. value of funds in drawdown (min £1,000) £ /		Postcode: CF48 4DR	

I confirm:

- I have read the cashback terms, Transfer Checklist, checked if I will lose benefits or incur penalties and wish to transfer the policy listed above.
- I have read, agreed to and retained the Key (Investor) Information Document of my chosen investments (where available), including all costs and charges, provided to me at www.hl.co.uk or on paper.
- I have read, understood and agree to the Common Transfer Declaration.
- HL has not given me personal advice; I am responsible for my decision to transfer and I will seek personal advice if I am unsure transferring is right for me.
- I authorise the current provider as listed above to give HL any information they require about my membership of the above scheme.

Please sign here **X** **P. Goldfingh** **DATE** **27** **07** **73**