

COCKBAIN & ASSOCIATES WEALTH MANAGEMENT

Senior Partner Practice of St. James's Place Wealth Management

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ST. JAMES'S PLACE
WEALTH MANAGEMENT

Retirement Capital
18 Soho Square
London
W1D 3QL

7th July 2020

To whom it may concern,

Please find enclosed, a letter of authority duly signed by our mutual client, **Kevin Abols**, which should enable you to release information for this policy: **Full policy details are needed**

Therefore, please kindly provide me with the following information in writing (preferably by secure email);

1. The current and transfer value of the policy.

NB. Please state if the transfer value is the same as the fund value. If the transfer value is different to the fund value, please provide an explanation.

2. Whether this is a single contribution or regular contribution plan.
3. If a regular contribution plan, are contributions still being paid? If so, the current level of contributions and the level of automatic increases. If not, when the last contribution was paid and at what level.
4. As our client may wish to consider carry forward please confirm the scheme pension input period (PIP) and level of contributions paid in each of the last three PIP's. Please provide contribution history.
5. Projections based on the following scenarios:
 - Benefits at age 65 assuming that no further contributions are payable.
 - Benefits at age 65 assuming that contributions continue at the current level.
 - If contributions have ceased within the last 6 months, a projection of benefits at age 65 assuming that contributions are reinstated from the date of illustration.
 - If drawdown is available, please provide a projection reflecting maximum tax-free cash and no income to be drawn. If you are unable to produce such a projection, please confirm in writing that this is the case.

NB. For policies with current contributions or where contributions have ceased within the last 6 months please provide two sets of projections, continuing and paid up. All projections need to be produced on the same date as fund and transfer values.

6. If the plan was written under pre-6th April 2006 occupational pension scheme rules, please confirm the retirement tax-free cash entitlement under pre-A-day rules in one of the two following ways:

The Partner Practice is an Appointed Representative of and represents only St. James's Place Wealth Management plc (which is authorised and regulated by the Financial Conduct Authority) for the purpose of advising solely on the group's wealth management products and services, more details of which are set out on the group's website www.sjp.co.uk/products. The 'St. James's Place Partnership' and the titles 'Partner' and 'Partner Practice' are marketing terms used to describe

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- a) TFC entitlement at today's date based on pre-A Day rules (please specify if the tax-free cash was lower than 25% of fund value at 'A' Day)
- b) TFC entitlement at 5 April 2006 and the fund value of the arrangement on 5 April 2006 if the member left the scheme on or before that date. If confirming that the tax-free cash entitlement is 25% of fund value, please confirm whether or not a calculation was done to check whether the pre 'A' Day entitlement to tax-free cash could be higher than 25% of the fund value at 'A' Day.

If you require further information to assist with the calculation of the tax-free cash entitlement, please let me know. **NB. Please confirm if the plan was written under pre-6th April 2006 occupational pension scheme rules – If yes, please confirm the tax-free entitlement for this plan/(s) at "A" Day.**

Please confirm TFC (revalued) as of today.

7. Does the plan contain a transfer-in after 5th April 2006 and if so, was this recorded as a block transfer – i.e. more than one member of the previous scheme transferring to your scheme on the same date?
 - a) If 'Yes', please confirm their tax-free cash entitlement at today's date or at 5th April 2006 (as shown in point 6). If you were not advised of any protected TFC on transfer, please confirm this.
8. Is the plan subject to an earmarking or attachment order?
9. Please forward copies of any Warranty/Discharge forms that would need to be completed if the client decided to transfer their benefits.
 - a) Are you part of ORIGO Options?
10. If with-profits, the element of terminal bonus included in the transfer value.
11. If a with-profits policy, whether any bonuses are lost if contributions are stopped.
12. If a with-profits plan, is a Market Value Adjuster being applied? If yes, what is the value?

NB. Please provide PPFM (to include indication of charges, if possible)

Please also provide the following details –

1. The start date of the plan(s).
2. The selected retirement age
3. The number of funds available.
4. The maximum number of funds that can be held at any time.
5. The number of fund managers available.
6. Please list the funds the plan is invested in, including percentages and SEDOL codes.
7. Are flexible access drawdown pension or UFPLS/Partial UFPLS available.



8. Has a fund switch recently taken place? If so, what date?
9. What are the benefits on death before retirement? Confirm whether the policy provides an additional sum assured, if so at what cost and is this cost included in the client's current contribution to the plan?
10. Whether waiver of contribution benefit is applicable and if so at what cost and is this cost included in the client's current contribution to the plan?
11. The charging structure of the current plan including:
 - Allocation rate
 - Bid/Offer spread
 - Initial Charge
 - Annual Management Charge
 - External Management Charges
 - Please confirm if the client is receiving/has access to ongoing advice
 - Additional policy fees
 - Loyalty Bonuses
 - Fund rebates
 - Reinvestment of Charges
 - Early Withdrawal Charge
 - Any other charges not listed(Please mark N/A if not applicable)
12. Would the charging structure be altered if contributions cease? If so, how?
13. Is it possible to complete a partial transfer?
14. Is the plan subject to a life styling strategy, if so, is this taken into account in the projections? Please provide relevant literature.
15. Does the plan contain a guaranteed minimum pension? (GMP) or reference scheme test pension (RST)? If so please provide details.
16. Does the plan contain a guaranteed annuity provision? If so please provide details.
17. Does the scheme include any life cover/WOC?

If you require any further clarification on any of the points raised, please do not hesitate to contact me on 01704 320 385 or nicola.stinson@sjpp.co.uk

Thank you for your assistance in this matter
Yours Faithfully,

Nicola Stinson
Cockbain & Associates Wealth Management
St. James's Place Wealth Management

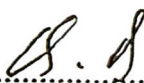
Letter of Authority

Provider	Plan Number
Retirement Capital	

PLEASE UPDATE YOUR FILES WITH THIS AUTHORITY FOR ALL MY FINANCIAL PLANS AND/OR POLICIES HELD WITH YOUR COMPANY, UNTIL FURTHER NOTICE

FULL NAME (IF CHANGED NAME PLEASE PROVIDE DETAILS) (PLEASE USE BLOCK CAPITALS) KEVIN ANDREW GRAHAM ABOLS	
ADDRESS (PLEASE USE BLOCK CAPITALS) 16 WINDSOR ROAD FORMBY, LIVERPOOL L37 6DY	IF CHANGED ADDRESS WITHIN LAST SIX MONTHS PLEASE PROVIDE PREVIOUS ADDRESS (PLEASE USE BLOCK CAPITALS) 180 PARK ROAD FORMBY, LIVERPOOL L37 6ES
DATE OF BIRTH 30 NOV 1984	
NI NUMBER JK 15 12 90 C	

Please accept this letter as my authority to release details of all my financial plans and/or policies held with your company, until further notice, to: Cockbain & Associates Wealth Management, 5 The Beacons, School Lane, Formby, L37 3LN.

Signature:  Date: 06/07/2020

The information that is released from the use of this form will be wholly and exclusively used to conduct authorised enquiries requested by and on behalf of the client. This information will not be used for any other purposes, nor will any information be released to any third party.