

Director David Nicklin Cert PFS Cert CII (MP)

Company Number: 12409200

Transfer authority form

A. Your Personal Details:

Title:

Mr

First Name:

Ceri

Middle Names:

David

Surname:

James

NIN Number:

NH915312C

DOB:

06-04-1966

Home address:

Pedley Farm, Pedley Hill Adlington, Macclesfield

Cheshire, SK10 4LB

Telephone number:

07860402009

B. Details of the pension policy you wish to transfer

Name and address of the transferring provider:

Transact

29 Clement's Lane, London EC4N 7AE

Policy number of the pension you wish to transfer:

Portfolio No: 546-065-250

I wish to transfer the above pension policy to:

Receiving scheme name:

Ceri James SSAS

Receiving scheme PSTR number:

20004838RS



Director David Nicklin Cert PFS Cert CII (MP) Company Number: 12409200

How do wish for the policy to be transferred:

	In Cash	X
100	In-specie	

I wish to complete a partial transfer of the cash element only from all accounts under portfolio 546-065-250. I wish to transfer the full cash entitlement.

C. Declaration

I write to confirm that I wish to transfer my pension policy held with Transact into ... Ceri James SSAS

I hereby authorise RC Administration Ltd of 1A Park Lane, Poynton, Cheshire, SK12 1RD to access necessary information relating to my portfolio that they might require in order to carry out the transfer.

Signature of the policyholder: Philipper Signature of the philipp

Section A - Plan Details Contd.

Pension Details

Drawdown Date	Only a PCLS payment taken in April 2021
Date of Last Review	
Max GAD Income	
Amount of Lifetime Allowance Used	27.2109% (where appropriate)

Transact Scheme Details

PSTR Number

00605455RP

This payment comes from a Registered Pension Scheme approved under Part 4 of the Finance Act 2004. Formerly an approved Personal Pension scheme under Chapter IV of Part XIV of ICTA 1988.

Member Declaration

I hereby request that IntegraLife UK Limited pay the current value of the benefits I have requested in my Transact Personal Pension to the receiving arrangement indicated in Section B below.

I confirm that this payment represents a full discharge of all the benefits in the policy and that IntegraLife UK Limited will have no further liability or obligation in respect of the policy.

Signed Date 20 / 69 / 2022

Transact Pension Transfer Out Warranty

Section A - Plan Details

Client Name						
Plan						
Membership Certificate No	umber					
Transact Portfolio Numbe	r546-065-250					
Current Value	Pension Rights	£				
(Not guaranteed)	Section 9(2b) Rights	£				
	TOTAL TRANSFER VALUE	£				
Valuation Date						
None of the benefits from	n this transfer are subject to an 'earı	marking' order.				
Please Note						
 The actual transfer value funds are disinvested a quarter. 	ue will depend on the value of the assets and the amount of any outstanding charg	s held on the day that ges in the current				
Please indicate if existing assets are to be transferred:						
In Specie						
Cash	(Sell all assets and convert to cash prior	Sell all assets and convert to cash prior to transfer)				
Partial x	If Partial transfer required, please provide transferred. Please Note , partial transfe accrual or partial annuity transfers	f Partial transfer required, please provide % of benefits to be transferred. Please Note , partial transfers are only applicable to accrual or partial annuity transfers				
	Full cash element from all accounts	under portfolio No: 546-065-250				

Ceri David James

Payment Details (Please note that where transfers are being made to other insured schemes, payment will only be made to the provider/insurer). Name and address of pension provider or scheme to which transfer is to be made. Ceri James SSAS RC Administration Ltd 1A Park Lane Poynton Cheshire Postcode SK12 1RD Account Name Ceri James SSAS Bank Name and Address Cater Allen 9 Nelson Street, Bradford BDI 5AN Postcode Account Number Sort Code Payment Reference Transact C James NB: If unable to accept payment via BACS, please contact Transact directly to advise. **Declaration** I/we* confirm that the information given in section B above is accurate to the best of my/our* knowledge and belief. (*Delete where appropriate) Signed for and on behalf of the receiving Date scheme Georgina Masin 20/09/2022 Position Print Name Georgina Martin Administrator Company Stamp RC Administration Limited 1A Park Lane **Poynton** Cheshire **SK12 1RD**

Section B - Receiving Scheme Declaration

Members Name	Ceri David Jame		-1			
NI Number	NH915312C		A company			
Name of Scheme	Ceri James SSA	3	A second or second			
Plan Number (if known)	N/A					
We undertake that the receivi	ing Scheme is:					
under Part 4 of the Finance this new registered status (Act 2004, (including on 6th April 2006). The	existing schemes that automatically acquire	X			
	A Qualifying Recognised Overseas Scheme: for a recognised overseas scheme to become a 'Qualifying' scheme and retain qualifying status, the scheme manager must provide information and evidence that:					
Overseas Scheme • Undertake to notify H	HM Revenue & Custon	ts as described below for a Recognised as if the scheme ceases to be a Recognised aformation when making payments to certain				
Services confirming	We enclose a copy of the acceptance letter from HMRC Audit and Pension Scheme Services confirming the receiving scheme is a Qualifying Registered Pension Scheme. (Please tick this box to confirm the letter is enclosed).					
Transact is unable to transfe	er benefits to any o	other type of scheme.				
I declare that the receiving will be used to provide appro	scheme is prepare opriate retirement	d to accept the transfer payment and that it benefits within the receiving arrangement.	t			
Scheme Particulars						
Registered Pension Scheme	Number	20004838RS				