



Philip J Milton & Company Plc Managed Self-Invested Personal Pension Transfer Form

Section A - To be completed by the Transferring Member.

Personal Information

| | | | | | | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| Surname | Date of Birth (DDMMYYYY) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Forenames | Marital Status | | | | | | | | | | |
| Title | National Insurance Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Existing Account Number if applicable | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Permanent Residential Address | Previous address (if you have moved in the last two years) | | | | | | | | | | |

Transferring Scheme Information

Note: If more than one pension scheme arrangement is being transferred please copy this form and complete for each one.

| | |
|--|--|
| Full name of the Scheme | |
| Plan Number | |
| Pensions Scheme Tax Reference (PSTR) Number (if known) | |
| Name of Administrator | |
| Address of Administrator | |
| Anticipated Amount of Transfer | £ |
| Have you taken benefits from any part of the fund being transferred? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



Disclaimer

You are aware that Gaudi Regulated Services Limited is being asked to transfer benefits from your existing scheme to The Philip J Milton & Company Plc Managed SIPP (a branded variant of the Ashcroft 2 SIPP provided by Gaudi Regulated Services Limited).

Please read the disclaimer below carefully and sign at the foot of the document.

- I have neither sought nor been given any pension transfer advice or information from Gaudi Regulated Services Limited or any of its employees on the subject of pension transfers.
- I have compared the benefits of the Philip J Milton & Company Plc Managed SIPP with those of the pension that I am transferring.
- I can confirm that I am aware that there may be some benefits available within my existing scheme that will not be available via the Philip J Milton & Company Plc. Managed SIPP.
- I understand that if I have taken out protection then paying a contribution or making a partial transfer to the Philip J Milton & Company Plc Managed SIPP could negate this protection.
- I understand that the Philip J Milton & Company Plc. Managed SIPP does not comply with "Stakeholder" criteria which impose certain conditions such as limiting charges to a maximum of 1.5% per annum for the first ten years and 1.0% per annum thereafter.

To the transferring scheme:

I authorise and instruct you to transfer funds from the plan(s) as listed in this form directly to the receiving scheme as a cash payment or in-specie transfer.

I authorise you to release all necessary information to Gaudi Regulated Services Limited to enable the transfer of funds to the receiving scheme. I agree that a copy of this authority shall have the same validity as the original.

Signed

Date

Client Name (In block letters)

Client Reference Number