



PENSION PROVIDER INFORMATION REQUEST

Pension Name:

Pension Reference:

Please see the attached letter of authority from client.

I would be grateful if you could send the information requested as below.

Please send to: Aspire Business Management
APL Centre
First Avenue
Stevenston Industrial Estate
Stevenston
North Ayrshire
Scotland

INFORMATION REQUESTED

1. Confirmation of the original selling agent, their address and their SIB/FSA/FCA number.
2. Confirmation of any additional selling agents that arranged investments held within the pension (if applicable).
3. A copy of the original application form.
4. A copy of the application form for any investment(s) held within the pension (if applicable)
5. A full transaction history from inception to present showing all transfers in and out, contributions, investments and disinvestments, charges, income payments and distributions, withdrawals and in-specie transfers.
6. The current fund and transfer values, and details of any penalty that would apply upon transfer.
7. A schedule showing the assets currently held along with their value (and where applicable, the unit-holding) of each.
8. Details of any administration fees or charges applicable upon transfer.
9. If the plan has been transferred to another provider, please provide details of the value and date of the transfer, as well as the name of the receiving provider (if any assets were transferred in-specie, please provide details).

I look forward to hearing from you as soon as possible.