



Please complete this form if you wish to transfer an existing plan to a Small Self Administered Scheme, administered by @sipp Limited. If you are transferring more than one plan please use a separate Transfer In form for each transfer. In addition to this form your current scheme administrator(s) may require their own documentation. Please contact them for further advice.

Part A Scheme Details

Name of Scheme

Principal Employer Name

Part B Member Details

Permanent Residential Address

Mr/Mrs/Miss/Ms/Other		Surname
Forename(s)		
<input type="text"/>		
<input type="text"/>		
Postcode		
<input type="text"/>		
<input type="text"/>		

Telephone Number

Email

Part C Transfer Details

Provider Details

Name of Provider

Address

Postcode

Contact Name

Telephone Number

Email

Scheme Details

Name of Scheme

Pension Scheme Tax Reference

Policy Number

Estimated Transfer Value

£

Is this transfer from:

(a) A defined benefit scheme

Yes No

(b) An individual contract with fixed or guaranteed benefits

Yes No

If yes to either of the above, we will not accept transfers unless you have received advice from a suitably qualified financial adviser.

Is the transfer:

(a) A transfer of Pension Credit rights

Yes No

(b) Part of a block transfer

Yes No

(c) An 'in specie' transfer

Yes No

Assets to be transferred

Cash Property(ies)* Other Assets

* A Property Questionnaire and a current valuation is required for each property to be transferred.

Please provide an up-to-date list of holdings from the current provider. Where @sipp cannot accept any of the assets they will need to be sold before the transfer can proceed.

Any cash fund transferred will be deposited in the Scheme's primary bank account until investment instructions are received by @sipp to invest in other asset classes or deposit accounts.

Part D Benefits

Please indicate which of the following statements will apply to the Transfer:

- I have received benefits under the transferring scheme
- I have not received benefits under the transferring scheme

Please provide the following information where benefits have been received.

Original Crystallisation Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total Amount Vested £				
Lifetime Allowance Used	£ <input type="text"/>								
Pension Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum Capped Pension (if applicable)	£ <input type="text"/>	Review Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Income Received This Year	£ <input type="text"/>	Last Payment Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Payment Frequency Monthly Quarterly Annually

Part E Member Declaration

Request to Transfer

- I request that the administrator of the transferring scheme applies the whole of my available transfer value from that arrangement, to the Scheme, named in PART A
- I understand that following the application of the transfer value, neither I nor my spouse nor dependants will have any further entitlement under the transferring scheme
- I acknowledge and agree that a copy of this request and discharge shall be binding as though it were the original
- I authorise the trustees, administrators or insurers of the transferring scheme to provide @sipp Limited with any information it may request in relation to any benefits provided for me.

Transfers into the Scheme

- I request that the SSAS Trustees accept the transfer payment from the transferring scheme detailed on this form.

Member's Signature

Date

Part F Financial Adviser

Please give details of your financial adviser.

Adviser's Name		
Company Name		
Address		
	Postcode	Email
	Tel No	Fax
FCA Number		

Fees – Is your Financial Adviser to be paid an initial fee from the SSAS bank account in respect of this transfer?

Yes No

If YES please complete below:

	Amount	or	% of Transfer Amount
Initial Fee	£ <input type="text"/>		<input type="text"/> %

Where an annual fee is being paid, it will continue to be paid at review date.

I can confirm that the fee is to be paid from the SSAS bank account and that I will ensure that cleared funds are available to pay the fee when due for payment. I understand that @sipp may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.

Member's Signature

Date



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Glasgow G2 6TS

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Fax: 0141 243 2257
Email: mail@atssas.co.uk
www.atsipp.co.uk

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