



Please complete this form if you wish to transfer an existing plan to @sipp. If you are transferring more than one plan please use a separate Transfer In form for each transfer.

Part A Personal Details

Member Details

@sipp Member Number
(if applicable)

Mr/Mrs/Miss/Ms/Other		Surname
Forename(s)		
Postcode		

Permanent Residential Address

Part B Transfer Details

Provider Details

Full name of the transferring Provider
Address of the transferring Provider

Postcode	
Name of Contact	Tel No

Scheme Details

Full name of transferring pension scheme

(where known)

Is the transferring scheme a registered pension scheme?

Yes No

PSTR No. (where known)

Transferring scheme policy number

Approximate fund value to be paid to @sipp

Does this represent the full value of the transferring plan?

Yes No

Is the transfer:

a) Subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders?

Yes No

Where you have selected YES above, please supply further details.

b) Part of a block transfer?

Yes No

c) From an occupational pension scheme, or from an individual contract, with guaranteed benefits?

Yes No

Where you have selected YES above, please confirm whether:

You have been recommended by your financial adviser to transfer these guaranteed benefits

You have been recommended by your financial adviser not to transfer these guaranteed benefits

You have not received any financial advice in relation to the transfer of these guaranteed benefits

d) An in specie transfer?

Yes No

Part C 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 administrator. Where @sipp cannot accept any of the assets they would need to be sold before transfer could proceed.

Any cash fund transferred will be deposited in the member's SIPP bank account until 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) I have received benefits from the transferring pension scheme

ii) I have not received benefits from the transferring pension scheme

Are the funds being transferred:

(a) already entirely in drawdown

(b) already partially in drawdown

(c) not in drawdown

Part E Declaration

1. Request to Transfer

- I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in PART B of this application directly to @sipp and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise @sipp, the current provider, any contributing employer and any financial adviser named in this application to obtain from each other, and release to each other any information that may be required to enable the transfer of sums and assets to @sipp.
- Until this application is accepted and complete, @sipp's responsibility is limited to the return of the total payment(s) to the current provider(s).
- Where the payment is made to @sipp as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in PART B of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by payment if only part of the plan(s) is transferring.
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that @sipp and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

2. Transfers into the Scheme

- I request that @sipp accepts the transfer of the funds from the current provider detailed listed in PART B of this application. I hereby request that @sipp apply such transfer payment so to not constitute a separate arrangement for the purposes of Part 4 of the finance Act 2004, where possible, unless I and @sipp expressly agree otherwise.

3. Cancellation Rights

- I acknowledge under current rules I have the right to cancel my transfer within 30 calendar days of @sipp accepting my transfer request.
- I acknowledge that on receipt of the transfer of funds @sipp will invest these according to my instructions.
- I acknowledge and accept I might not get back the amount originally invested, if I exercise my right to cancel the transfer.
- I acknowledge and accept the amount I will receive will be the realisation value of the investment less any applicable charges.

Member's Signature

Date

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Part F Financial Adviser

Please give details of your financial adviser.

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

For transfers made after the inception of plan

Fees – Is your Financial Adviser to be paid an initial fee for this transfer from your designated SIPP bank account?

Yes No

If YES please complete below:

	Amount	or	% of Initial Investment
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 fund in my designated SIPP 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	Dated	<input type="text"/>	<input type="text"/>	<input type="text"/>
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