

ascentric

SIPP Transfer Instruction

Please complete this form if you wish to transfer your existing pension rights from another provider to the SIPP. We will request this transfer for you.

Please complete in BLOCK CAPITALS and mark **x** in the applicable boxes.

If you have any questions please contact your Financial Adviser, or call our Client Services Team on 0345 076 6140. Our lines are open 8:30am to 5:30pm Monday to Friday.

The completed form should be sent to:

New Business, Ascentric, Trimbridge House, Trim Street, Bath BA1 1HB

Section 1 Transferring scheme details

Name of transferring scheme

Name of scheme administrator

Contact name

Address of transferring scheme

Postcode

Policy Number(s)

HMRC reference (if known)

We can only accept a transfer from a scheme if it is a registered pension scheme. Please note that we are unable to accept any Guaranteed Minimum Pension (GMP) liability into the SIPP.

Scheme type

- Defined benefits scheme
- Defined contributions scheme
- Pension arrangement that provides a guaranteed annuity rate
- Personal pension/stakeholder/SIPP
- Section 32 containing GMP
- Section 32 not containing GMP

Date of Birth

 / /

National Insurance Number

Estimated transfer value

£

Does this transfer represent the full value of the plan? Yes

No

Estimated Uncrystallised value

£

Estimated Crystallised value

£

If Crystallised value is entered, please tell us how many drawdown arrangements/accounts are being transferred

Have you triggered the Money Purchase Annual Allowance?

Yes

No

If Yes what date did you trigger these rules?

 / /

Are you taking immediate pension benefits on transfer?

Yes

No

Please complete a separate SIPP Benefit Payment Form:

- If Uncrystallised funds are being transferred and you wish to take a lump sum and/or an income
- If Crystallised funds are being transferred

Are some assets to be re-registered?

Yes

No

If Yes, please continue to Section 2 (Asset Re-registration) and provide a current valuation and a list of assets from the transferring scheme.

Is the payment in respect of a pension credit?*

Yes

No

Is the transfer part of a block transfer?

Yes

No

If Yes, please provide details of the account that will form part of the block transfer.*

* If you do not answer these questions we will assume the payment is not in respect of either pension credit or block transfer.

Initial Financial Adviser Charge for cash transfer

 % and/or £

Initial Financial Adviser Charge for re-registrations

 % and/or £

If you're taking tax free cash from this transfer, please confirm whether you would like to pay the Initial Financial Adviser Charge **before** or **after** paying the tax free sum.

Please pay **before** paying tax free lump sum

Please pay **after** paying tax free lump sum

Section 2 Asset Re-registration

Please provide a valuation dated within the last month identifying the following information:

- Name of asset
- International Security Identification Number (ISIN)
- Number of units held
- Purchase cost (£)
- Whether to transfer the asset in-specie or sell the asset and transfer in cash.

If any of the above assets cannot be transferred in-specie I authorise the asset to be sold and the proceeds to be transferred in cash

Please note: failure to provide a valuation may delay us requesting the transfer.

Section 3 Declaration

(a) I confirm that to the best of my knowledge and belief, the particulars and declarations given on the application form are correct and complete.

(b) To the transferring scheme where I am applying for a transfer of funds from a registered pension scheme:

(i) I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section 1 directly to the Ascentric Pension Account and to provide any instructions and/or discharge required by any relevant third party to do so.

(ii) I authorise IFDL, the current provider(s) 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 the Ascentric Pension Account.

(iii) I authorise IFDL, the current provider(s) and any employer paying contributions to any of the plan(s) as listed in Section 1 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 the Ascentric Pension Account.

(iv) Until this application is accepted and complete, IFDL's responsibility is limited to the return of the total payment(s) to the current provider(s).

(v) When payment(s) is made to the Ascentric Pension Account as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section 1 where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

(c) To the transferring scheme and IFDL where I am applying for a transfer of funds from a registered pension scheme:

(i) I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that IFDL 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. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

(d) I understand if I am already subject to the Money Purchase Annual Allowance, I have supplied the date the Money Purchase Annual Allowance first applied to me in Section 1 of this form.

Applicant's Signature

Full Name of Applicant

Account number (if known)

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Section 4 Financial Adviser Declaration

Please complete all applicable boxes and sign and date this section. I hereby confirm the information in this section is correct and complete.

1. Is the transfer £30,000 or over? Yes No

2. Are safeguarded rights included in the transferring scheme? Yes No

If 'yes' to 1. and 2. please complete the following:

(a) Has advice been provided by your firm for the transfer? Yes No

(b) Does your firm hold pension transfer permissions? Yes No

(c) Has a pension transfer specialist been involved? Yes No

(d) Has a transfer value analysis been undertaken? Yes No

We only request pension transfers if your client has received financial advice on the suitability of the transfer. We will not request the transfer if your client wishes to proceed with a transfer that you have advised would not be suitable for their personal circumstances.

Name of Registered Individual

Signature

Date

 / /

Name of firm