Please complete this form if you wish to transfer cash and/or assets from another registered pension scheme 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)		
Permanent Residential Address			
	Postcode		

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

PSTR No. (required)

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) For the purposes of enabling you to access your pension savings?

☐ **Yes** ☐ **No**

e) 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 give details of the assets to be transferred by completing the Schedule at the end of this form.

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 accept that in order to comply with regulatory obligations @sipp and the current provider named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask for my documents to verify my identity and address.
- 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 have read any information provided or made available to me by the current provider in connection with this transfer and have considered if there are any benefits or options I may lose as a result of the transfer.

- I have read guidance from the Financial Conduct Authority or the Pensions Regulator on the risks and warning signs of pensions scams before making this application.

- I confirm that I have provided only true and accurate information in applying for this transfer. I understand that @sipp and the current provider cannot accept responsibility, and are not liable, for any losses resulting from untrue, incorrect or misleading information that I provide, or from any failure on my part to comply with any part 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

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	£		%

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**	

Schedule Assets to be transferred

Please complete the table below giving details of the assets to be transferred to @sipp.
Please also supply a copy of a recent valuation of the assets.

Where the transfer of assets involves assets being transferred to a new custodian, the asset can only be transferred where the acquiring custodian is able to accept the asset. You will be advised if it is not possible to transfer certain assets.

Please ensure a ISIN number is entered for each asset to be transferred. We will not be able to proceed without this information.

The timescales for assets to be transferred varies. Typically, this can take between 8 and 12 weeks.

Units	Asset name	ISIN number	Transferring custodian	Acquiring custodian

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

@sipp Limited is registered in Scotland (Registered No. SC217126) and has its registered office at 6th Floor, Mercantile Building, 53 Bothwell Street, Glasgow, G2 6TS and is authorised and regulated by the Financial Conduct Authority under Firm Reference No. 462907 and you can check this authorisation at www.fca.org.uk or by calling the FCA on 0800 111 6768.