

## SIPP Additional Transfer Form

**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 ✘ in the box where applicable. The completed form should be sent to Ascentric SIPP Team, Trimbridge House, Trim Street, Bath, BA1 1HB.

If you have any queries, please contact your Financial Adviser, or call our SIPP Team on 0345 076 6140.

### 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

Estimated transfer value

 £

Does this transfer represent the full value of the plan?

 Yes  No

Estimated uncrystallised value

 £

Estimated crystallised value

 £

Have you triggered the money purchase annual allowance rules?

 Yes  No

If 'Yes' what date did you trigger these rules?

 /  / 

Are you taking immediate pension benefits on transfer?

 Yes  No

#### Please complete the 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 the assets to be re-registered?

 Yes  No

If 'yes', please provide a current valuation and a list of assets from the transferring scheme.

**If you do not answer the above question we will request a transfer in cash only.**

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.**

## Section 2 Financial Adviser Declaration

Please complete all applicable boxes and sign and date this section.

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.**

I hereby confirm the information in this section is correct and complete.

**Name of Registered Individual**

**Signature**

**Date**

 /  /    

**Name of Firm**

## 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 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.
  - 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.
  - 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.
  - 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).
- (c) To the transferring scheme and IFDL where I am applying for a transfer of funds from a registered pension scheme:
- 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 this first applied to me in Section 1 of this application form.
- (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.

**Applicant's Signature**

**Full Name of Applicant**

**Existing Client Reference (if known)**

**Date**

 /  /    
