

Transfer in to your SIPP

| | | |
|--|--|----------------------------------|
| Did you receive financial advice in relation to this transfer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please confirm: | | |
| Name of Financial Adviser | | |
| Name of Financial Adviser firm | | |
| Have you received free impartial guidance from the Government via Pension Wise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name of transferring scheme | | |
| Name and address of Trustees, Scheme Administrator or Insurance company | | |
| HMRC Reference Number (if known) | | |
| Plan number | | |
| Is this a full or partial transfer? | Full <input type="checkbox"/> | Partial <input type="checkbox"/> |
| Total transfer payment (or estimate) If a partial transfer, please state the exact amount to be transferred | £ | |
| If a transfer of assets in-specie is intended, please list the assets here | <div style="border: 1px solid black; height: 40px;"></div> | |
| | Yes | No |
| Is the transfer from a defined benefit/final salary scheme or does it include safeguarded benefits (e.g. guaranteed annuity rates)?* | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any benefits come into payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what benefit type: | | |
| Partially crystallised? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fully crystallised? | <input type="checkbox"/> | <input type="checkbox"/> |
| Capped drawdown? | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexi-Access drawdown? | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of first flexi-access payment. (DD/MM/YYYY) | <div style="border: 1px solid black; height: 20px;"></div> | |
| If benefits in payment, what percentage of the Lifetime Allowance has been crystallised? | % | |
| Is income to continue after transfer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the scheme subject to a pension sharing order? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the transfer have a protected lump sum? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the scheme have a protected pension age? | <input type="checkbox"/> | <input type="checkbox"/> |

Please note:

We only have authority to contact relevant parties and obtain information about your transfer once you have completed and signed the Transfer Declaration.

Please note:

*Before accepting a transfer of more than £30,000 from a scheme offering safeguarded benefits (which includes defined benefit/final salary benefits/guaranteed annuity rates) into your Plan, We require written confirmation that you have received a positive recommendation to transfer from a Pension Transfer Specialist.

Our 'Transfers from schemes offering safeguarded benefits' form must be fully completed and returned to us. From the date we receive the fully completed form, we will require a minimum of seven working days prior to the transfer expiry deadline to process the transfer.

Transfer Declaration

Declaration

- > I confirm that I am requesting a transfer of funds to a SIPP administered by Dentons from the plan number listed above.
- > I authorise and instruct the providers of the scheme(s) listed above (ceding provider) to transfer funds from the plan directly to the SIPP bank account. Where the ceding provider has asked me to give them any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the ceding scheme.
- > I authorise the ceding provider to release all necessary information to Dentons to enable the transfer of funds to Dentons.
- > I authorise the ceding provider to obtain from and release to my financial adviser (if applicable) any additional information that may be required to enable the transfer of funds.
- > If an employer is paying contributions to the plan listed above, I authorise the ceding provider to release to that employer any relevant information in connection with the transfer of funds from the relevant plan.
- > Until this transfer is accepted and complete, Dentons' responsibility is limited to the return of the total payment(s) received less any expenses incurred to the ceding provider.
- > Where the payment(s) made to Dentons represent(s) part of the funds under the plan listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan represented by the payment(s).
- > I promise to accept responsibility in respect of any claims, losses and expenses that Dentons and the ceding provider may incur as a result of any incorrect information provided by me in this form or of any failure on my part to comply with any aspect of this form.
- > If I have taken benefits from any pension arrangement, with the ceding or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me above.

OR

- > If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the MPAA from the date of my first flexi-access payment.

Cancellation rights for transfer

- > I am aware that if I do decide to cancel the transfer, the original pension scheme is not obliged to accept the return of funds and it will be my responsibility to provide Dentons with details of a registered pension scheme that will accept the returned funds within the 30 day cancellation period.
- > I understand that if I exercise my right to cancel a transfer into my SIPP I might not get back the sum I originally invested. I also understand that the amount I will receive is the actual realisation value of the investment upon encashment less any applicable charges.
- > I understand that a transfer Cancellation Notice will be sent to me once my SIPP has been established.

Name

Member signature

Date (DD/MM/YYYY)

Please note:

If you are in ill health at the time of making a pension transfer to your SIPP and should die within two years, the transfer could result in inheritance tax penalties. We therefore recommend that you take independent financial advice.

Please note:

Money Purchase Annual Allowance (MPAA) will apply when pensions are flexibly accessed and will restrict annual contributions to £4,000.

Please note:

You are NOT able to waive your cancellation rights for transfers.



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