

Pension Transfer Form

Please use this form to request transfer(s) to iPensions Group from other registered pension schemes.

Current Pension Provider	Plan Number
Approximate Transfer Value £	Current Scheme Name
Scheme Administrator Correspondence Address	Pension Scheme Tax Reference Number
	Contact number
	Email Address

Does the transfer represent the full value of the current plan? Yes No

Guarantee date of transfer (If applicable) _____

Are the funds being transferred?
Already entirely in drawdown Not in drawdown
Already partially in drawdown

Is the transfer to be made in the form of a transfer of assets (in-specie) from the existing Scheme? Yes No

Please provide a current valuation (no older than one month) including details of the investment holdings, in order for us to confirm that they can be held in The Core SIPP.

Type of Pension Scheme?
Defined Benefit Defined Contribution Personal Pension Other _____

Where the benefits in the current provider's Scheme are Defined Benefits ('Safeguarded Benefits'), please confirm:

Have you received advice from a UK regulated Adviser in relation to the transfer? Yes No

iPensions Group will not accept transfers of Defined Benefits that are greater than £30,000 unless you have received advice on the transfer from a UK regulated Adviser.

Adviser Details

Company Name	Adviser Name
Registered Address	FCA Reference Number
	Telephone Number

I am transferring a fully uncrystallised arrangement.

Yes

No

I am transferring a capped drawdown arrangement which I want to covert to flexi-access drawdown upon receipt.

Yes

No

I am transferring a capped drawdown arrangement and I want it to remain in capped drawdown.

Yes

No

Transfer Declaration

I authorise and instruct you to transfer funds from the plan(s) detailed in this section directly to iPensions Group. Where you have asked me to give you 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 plan.

I confirm that the information and supporting documentation that I have provided to permit the transfer of benefits into my SIPP established with iPensions Group is to the best of my knowledge and belief correct and complete.

I promise to accept responsibility in respect of any claims, losses and expenses that iPensions Group and the current provider(s) may incur as a result of any incorrect information provided by me in this Application or of any failure on my part to comply with any aspect of this Application.

I authorise you to release all necessary information to iPensions Group to enable the transfer of funds to iPensions Group. I further authorise you to obtain from and release to any Financial Intermediary named in this Application any additional information that may be required to enable the transfer of funds. I agree that a copy of this authority should have the validity of the original.

If an employer is paying contributions to any of the plans as listed in this section, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this Application is accepted and complete, iPensions Group's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to iPensions Group represent(s) all of the funds under the plan(s) detailed above, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) detailed in this section. Where the payment(s) made to iPensions Group represent(s) part of the funds under the plan(s) detailed above, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I further understand that any transferred capped drawdown arrangement(s) will be subject to the same maximum income limits and review periods as under the current provider until such a time that a further review of these limits is triggered or I convert to flexi-access drawdown either by request or by drawing an amount greater than the Maximum Income.

I also confirm that I have not been recommended to transfer by, or received any advice in relation to the transfer from, a representative of iPensions Group.

Applicant's Signature

Date