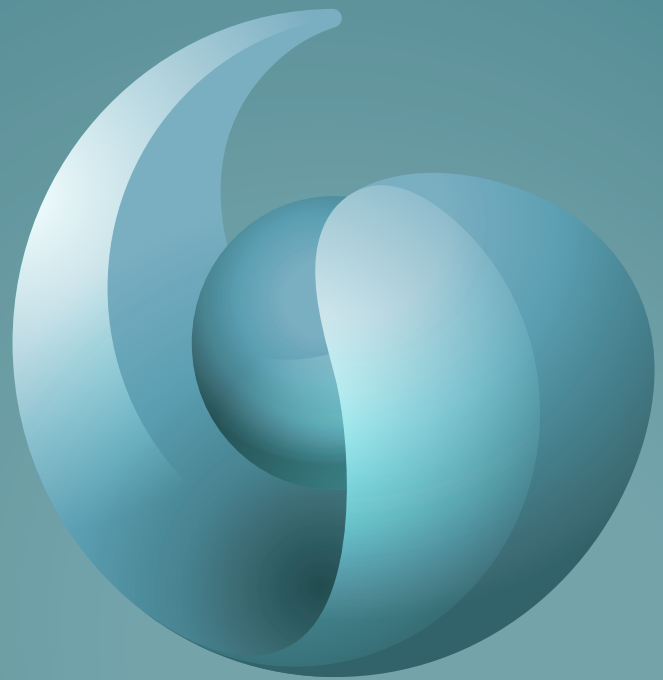


The USA SIPP

Application



This Application is for residents of the United States of America (US), as defined by the IRS or a US person i.e. a US citizen, a US resident (meeting the substantial presence test) or a Green Card holder. Please note that you can obtain US citizenship from a US parent, meaning you are a US person even if you have not applied for a US passport.

Please seek SEC approved regulated independent financial advice before completing this Application Form.

 www.ipensionsgroup.com

 sipp@ipensionsgroup.com

This application, for The USA SIPP ("The SIPP"), should be completed by the Applicant and, where applicable, the Financial Adviser. Before you complete your application please read the following documents:

1. The USA SIPP Fee Schedule
2. The USA SIPP Key Features
3. The USA SIPP Terms of Business
4. Your Key Features Illustration (EEA resident Members)
5. The USA SIPP Investment Guidelines
6. The USA SIPP Data Protection and Privacy Notification
7. The guide, which is available on our website called Understanding your transfer of Defined Benefits to a Defined Contribution Scheme (where applicable)

Please ensure that all sections are completed and all relevant information and supporting documentation is provided. This helps to ensure no delays are experienced.

iPensions Group Limited (the "Scheme Administrator") and iPensions Group Trustees Limited (the "Trustee") (together known as "iPensions Group") will not provide you with any form of advice and are not responsible for the suitability or appropriateness of your decision to set up a Self-Invested Personal Pension (SIPP). The SIPP is part of the pension scheme established by the Trust Deed known as The iPensions USA SIPP.

Any reference in this application to "your SIPP" or "my SIPP" shall mean your segregated assets and/or cash in The SIPP.

The SIPP is available to UK and Non UK Residents. We will act upon and execute you and your Appointed Adviser's instructions and do not offer an advisory or discretionary service (otherwise known as service provided by us on an "instruction-led" basis).

PLEASE NOTE: The value of investments and any income from them can go down as well as up and you may not get back your original investment. The iPensions Group do not offer advice about the suitability of our products or any investment held within them. All advice should be provided to you by your appointed adviser(s).

01. Signatures

The application form will require several signatures, depending on what action you are looking to take. To help you, please refer to the checklist below.

02. Checklist

To assist you in ensuring all relevant documentation is included when submitting your application, please complete the below:

Compulsory Sections

- Signed Applicant Declarations (section 4 & 13)
- Signed Financial Adviser Declaration (section 6)
- Signed Data Protection Consent Declaration (section 12)
- Completed and signed Fee Disclosure Form (section 14)
- Completed Investment Application Form
- Completed and signed discharge paperwork for each pension transfer available from your current provider (not required if current provider utilises the Origo Options Transfer Service)

Optional / Supplementary sections

- Signed Defined Benefits and Safeguarded Benefit Declaration
- Confirmation if you wish to waive their right to cancel the Application (section 11)
- Signed Retirement Options Form (separate form)
- Pension Transfer Specialist Report in respect of each Defined Benefit and Safeguarded Benefit transfer with a value in excess of £30,000.00
- Completed and signed Insistent Client Acknowledgement.

Your identity has to be verified by the provision of at least two acceptable documents; both confirming your name, one confirming your date of birth and the other confirming your residential address.

Verification of Identity: Please supply 1 document.

Examples of acceptable documents

SECTION A

- Valid, unexpired passport containing a photograph
- Valid, unexpired driving license containing a photograph

Verification of Address: Please supply 1 document.

Example of acceptable documents.

SECTION B

- Utility Bill*
- Bank or Credit Card Statement*
- Mortgage Statement
- Fixed phone / internet / TV bill*
- Current Council Tax Demand / Statement
- Court Appointment Letter

*dated within three months

Where originals are not provided, please arrange for the documents to be certified by an appropriate individual. The certifier must state on the document:

"I certify that the document is a true copy of the original document that I have seen and verified, and that the photo is a true likeness of the person"

Signed: (the signature of the certifier)

Name: (the printed name of the certifier)

Position or capacity: (the profession, designation or capacity of the certifier and contact details)

Date: (the date of the certification)

Details of appropriate individuals who can certify documents include legal professionals, accountancy professionals, a notary, a person undertaking relevant financial business or a person undertaking an activity to relevant financial business carried out in another jurisdiction.

Please return all paperwork to the Scheme Administrator

iPensions Group Limited,
2nd Floor,
Marshall House,
2 Park Avenue,
Sale,
M33 6HE

Tel: 0161 972 2840
sipp@ipensionsgroup.com

03. Applicant Details

Title	Forename(s)	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth	Nationality Country of birth	Intended Retirement Age (55+)	UK National Insurance Number
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Marital Status Single Married Civil Partner Divorced Widowed

Current Tax Residence	Date left UK
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Are you a US Citizen? Yes No Dual Nationality (if applicable) _____

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other _____	Occupation Industry
---	------------------------

Contact Number	Email Address
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Permanent Residential Address

Correspondence Address (if different)	Previous Address (if less than 3 years)
---------------------------------------	---

Do you intend commencing benefits immediately? (if Yes please complete a Retirement Options Form - available from our website) Yes No

Do you consider yourself to be a Politically Exposed Person* (PEP)? Yes No

If Yes, I understand the implications of holding the status of a PEP Yes No

If Yes, please provide details as to why you consider yourself to be a PEP.

*A PEP is a person who is or has been entrusted with prominent public functions. The definition also includes family members or close associates of that person.

iPensions Group appreciates that your details may change over time and therefore you agree that should any of the above details change you will notify us as soon as possible by submitting the relevant form(s) available on our website.

04. Pension Transfer(s)

Please list the pension(s) that you wish to transfer. A separate copy of this section should be completed for each pension transfer.

Current Pension Provider	Approximate Transfer Value (£)
Current Pension Scheme Name & Plan Number	Pension Scheme Tax Reference Number
Scheme Administrator Correspondence Address	Contact Number / Email Address
Pension Benefit Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Personal Pension <input type="checkbox"/> Other (please specify): _____	
Does this transfer represent the full value of the current plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guarantee date of transfer (if applicable) _____
Is the transferring scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the transfer is part of an earmarking, or pension sharing order, is there an entitlement to Pension Commencement Lump Sum (PCLS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the transfer to be made in the form of a transfer of assets (in-specie) from the existing Scheme? If yes, please confirm 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 SIPP. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Defined Benefits or Safeguarded Benefits

Before proceeding with a transfer of Defined Benefits or Safeguarded benefits, as your Scheme Administrator, we believe it is important to highlight to you the importance of the advice received and ensure you fully understand the nature of the benefits that you are proposing to surrender.

Please note iPensions Group are not able to provide advice regarding this matter but, in order to assist, we have provided a summary of some of the key points in section 15, that you should consider with your Financial Adviser and understand before deciding to make this transfer request. Please also ensure you have familiarised yourself with the guide called, Understanding your transfer of Defined Benefits to a Defined Contribution Scheme.

If the transfer value exceeds £30,000, you must have received advice from, or had that advice checked by, a UK regulated Pension Transfer Specialist.

Pension Transfer Specialist (PTS) details:

PTS Company Name	PTS FCA Reference Number	Adviser Name
Was the PTS's personal recommendation to transfer the benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the PTS personal recommendation not to transfer, but you wish to insist on proceeding regardless? If yes, please complete the Insistent Client Acknowledgment at the end of this application. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please confirm if the PTS recommendation incorporated specific investment(s) your SIPP will invest in <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of PTS recommendation attached <input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing this transfer request I confirm:

I fully understand the PTS advice provided to me and I confirm that I understand the nature of the benefits and guarantees I am giving up. I understand I will not be able to reverse this decision once you process my request to transfer.

I confirm I have read and understood section 15 of this form.

I understand that iPensions Group have not been party to this advice and is not authorised to provide any advice in respect of transfers or investments and confirm I wish to proceed with this transfer of benefits.

Applicant's Signature	Date
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04. Pension Transfer(s) (continued)

Drawdown Details

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

Does this transfer include a flexi-access drawdown arrangement? Yes No

Does this transfer include a capped drawdown arrangement? Yes No

If Yes to the above question, I confirm I wish to convert the capped drawdown arrangement to flexi-access drawdown? Yes No

05. Financial Adviser Details

Company Name

Adviser's Name

Regulator

License Number

Adviser Email Address

Telephone Number

Additional Email Address (if required)

Registered Address

Town / City

Postcode

Country

06. Financial Adviser Declaration

We confirm that:

- We have provided appropriate advice regarding the suitability of The SIPP, the Applicant's proposed transfers to The SIPP and where appropriate the Applicant's retirement benefit options. All fees including the iPensions Group fees, investment fees and the Financial Adviser remuneration has been disclosed to the Applicant.
- We confirm that we have explained to the Applicant that any instructions provided to the iPensions Group will be done so on an execution only basis.
- Unless an Investment Adviser has been appointed, we have provided the Applicant with advice regarding the proposed underlying investment(s), and all fees and remuneration related to investments have been disclosed to the Applicant.
- We are suitably qualified to CII Diploma in Regulated Financial Planning (Level 4) or equivalent and authorised to provide advice and confirm the advice given to the Applicant will meet the regulatory requirements of the jurisdiction in which the advice is being provided.
- We have provided the Applicant with all relevant iPensions Group literature in the latest available version, including the Terms of Business Agreement, the Key Features Document, Schedule of Fees and Investment Guidelines.
- Where a transfer is from a scheme with any form of guarantee, safeguarded benefits or defined benefits, and where we have undertaken the appropriate transfer analysis, the Applicant has been advised of any benefits that may be lost as part of the proposed transfer to The SIPP.
- We confirm that the Applicant has been made aware of their statutory cancellation rights.
- I confirm that I have the necessary authorisation to sign this declaration on behalf of the financial advisory firm.

Adviser's Name

Adviser's Signature

Date

07. Discretionary Fund Manager - if applicable

I confirm I wish to appoint the following Discretionary Fund Manager, to manage my SIPP investments on my behalf on a discretionary basis, subject to approval of the Trustees.

Company Name

Investment Manager

Regulator Name

License Number

Email Address

Telephone Number

Business Address

08. Investment Provider

I confirm I wish to invest my SIPP assets with the following Investment Provider.

Please note the iPensions Group will be unable to invest any funds received before my right to cancel notice period has expired (as detailed in section 11 of this Application Form).

Name of Investment Provider

Investment Product

Address

09. Risk Profile

Please tick the box that applies to you:

Risk Category	Risk Profile	Risk Profile Definition
1 <input type="checkbox"/>	Low	There is a limited degree of risk to the capital. Any growth is likely to be minimal.
2 <input type="checkbox"/>	Lower to Medium	There is a small degree of risk to the capital with potential for moderate growth over the longer term.
3 <input type="checkbox"/>	Medium	There is some risk to the capital with the potential for a reasonable return over the longer term.
4 <input type="checkbox"/>	Medium to High	There is a chance of more growth over the longer term but with an increased possibility of the capital value declining too.
5 <input type="checkbox"/>	High	There is potential for significant growth but also an increased exposure to high volatility and large swings in the value of investments.

iPensions Group appreciates that the risk profile may change over time, and therefore you agree that should your risk profile change you will notify us immediately.

Disclaimer - Your Appointed Adviser will give you advice in line with your attitude to risk and you should ensure that the underlying investments recommended meet with your risk profile. The Scheme Administrator and the Trustee will ensure your SIPP is administered in accordance with the relevant legislation relating to the administration of a SIPP. We do not provide investment, financial, tax or legal advice in relation to your SIPP. Please consult your relevant adviser in these areas.

10. Nomination of Beneficiaries/Expression of Wishes

Please do not complete this section if a Retirement Options Form requesting the payment of immediate benefits is also completed. Continue on a separate sheet if required. Percentage allocations should total 100%.

Nomination

In the event of my death, I nominate all individual who are Eligible Benefits Recipients (as defined in the Scheme Trust Deed and Rules as the "Survivor") as the person(s) to whom the Scheme Administrator should consider allocating death benefits to from the SIPP.

Expression of Wishes

In the event of my death, my wishes are that you consider allocating any death benefits from The SIPP to my Eligible Benefits Recipients as follows:

Full name	Relationship	%
Address		Contact number / email address
Full name	Relationship	%
Address		Contact number / email address
Full name	Relationship	%
Address		Contact number / email address

Note: This nomination of beneficiaries is not binding on the Trustee or Scheme Administrator and can be withdrawn or changed at any time. It is possible for the Scheme Administrator to consider making a payment to a Trust or a charity.

11. Your Right to Change Your Mind

You have the right to change your mind about this application

You have the legal right to cancel your application within 30 days. The 30 day cancellation period starts once we acknowledge the acceptance of your application form by email or to the address that you have provided, and while this right of cancellation is available we will not be able to invest any funds received in The SIPP.

You have the right to waive the cancellation period in order for iPensions Group to invest your funds on receipt of transfer(s) or contribution(s). Where you elect to exercise this right, your SIPP will be deemed to be established and you will lose the right to cancel your application.

I wish to waive my rights to a statutory 30 day cancellation period in respect of my application and I understand that in doing so I surrender my right to cancel.

You have the right to change your mind for transfers

iPensions Group will notify you once we have received your signed discharge forms for your transfer(s) or your transfer request where the transfer will be processed using the Origo Options Transfer Service. You will have 30 days from the date we acknowledge the acceptance of your application to cancel the proposed transfer(s) into The SIPP.

Your right to cancel your transfer(s) to The SIPP is separate from your right to cancel the establishment of your SIPP. With your SIPP establishment you are able to waive your cancellation rights however you are NOT able to waive your cancellation rights for transfers.

Upon receipt of the transferred pension funds and where you have elected to waive your right to change your mind about your application, iPensions Group will invest these according to your investment instructions when received.

Shortfall provisions that apply to cancellations

If you exercise your right to cancel your Application Form or a transfer into it, you should be aware that you might not get back the sum you originally invested. The amount you receive is the actual realisation value of the investment upon encashment less any applicable charges or fees which may include Appointed Adviser fees. In addition, the original pension scheme is not obliged to accept the return of funds. In this instance it is your responsibility to provide us with details of a Registered Pension Scheme that will accept the returned funds.

Please note that if you instruct iPensions Group to invest transferred funds into illiquid assets within the 30-day cancellation period then we may not be able to return these funds without significant losses.

12. Data Protection Policy and Privacy

Data Protection Consent Declaration

iPensions Group collects personal data from you at various points during both the application process and membership of our scheme, including when applying to become a member, or using our website.

Before signing the declarations below, please read our Data Protection and Privacy Notification which can be found on our website at the following link: <https://www.ipensionsgroup.com/literature/data-protection-policy.pdf>

If you do not have access to the internet please let us know and we will send a copy to you.

Please ensure you read the following declarations and if in agreement, kindly confirm acceptance.

- I hereby confirm that I have read and understood the Data Protection Policy and Privacy Notification and understand the way iPensions Group Limited (the "Company") collects and processes my personal data.
- I hereby confirm that I understand the legal grounds for the Company to collect and process my personal information.
- I hereby confirm that I understand my rights as a data subject in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to collect, process and share my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to retain my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow the Company to contact me, my appointed adviser(s) or any other third party in connection with my SIPP via email, phone, or post in order to fulfil their contractual and legal obligations.

Applicant's Signature

Date

13. Applicant Declaration

Please ensure you have read the following declaration in full before you sign.

1. I apply to become a member of The iPensions Adviser SIPP (the "Scheme").
2. I confirm that I have read, understood, and retained a copy of the Terms of Business, Key Features, KFI (where provided), Fee Schedule and Investment Guidelines belonging to The SIPP (The "Documents"). I acknowledge I have had the opportunity to ask any questions to assist my understanding and I acknowledge and agree to be bound by the terms of the Documents. I understand that the Documents may be amended from time to time.
3. I understand that a copy of the Trust Deed and Rules of the Scheme are available to me upon request and I agree to be bound by the terms of the Trust Deed and Rules. I understand that these may be amended from time to time.
4. I confirm that I understand iPensions Group Limited will act on mine and my Appointed Advisers instructions on an instruction led basis, and do not provide financial or investment advice.
5. I understand that my SIPP value can go up as well as down, depending on the investments I choose in connection with my Appointed Adviser.
6. I understand that it is the responsibility of my Financial Adviser to disclose to me all fees, remuneration and adviser charges earned by my Appointed Adviser in respect of my SIPP.
7. I confirm that I have reviewed the Fee Disclosure at section 14 of this application after it had been completed by my Financial Adviser and confirm my acceptance of all the fee disclosure information contained in this section.
8. I confirm my consent for the iPensions Group to appoint the Appointed Adviser (if applicable) and Discretionary Fund Manager (where relevant) as detailed in this application. I consent to the iPensions Group corresponding with any Adviser (including employees of the Adviser) identified in the Appointed Adviser section of this application, rather than me directly, unless I give written instructions to the contrary.
9. I agree and consent to the iPensions Group carrying out checks to confirm my identity, residence, and source of wealth and I have agreed to supply such further information as necessary for the purpose of these checks.
10. I agree and consent to iPensions Group using a pooled client account for the operation of my SIPP.
11. I confirm that I have not received any financial, investment, tax, legal or other advice from the iPensions Group when making the decision to apply to become a member of the Scheme.
12. I confirm I have not received advice from iPensions Group Limited regarding the merits of entering into, or the suitability of any aspect of the Scheme.

13. Declaration (continued)

13. I confirm that I have not been recommended to transfer by or received any advice in relation to the transfer from a representative of the iPensions Group.
14. I confirm that I have received and agreed to the recommendations and advice provided to me by my Appointed Adviser.
15. I understand that my Appointed Adviser will give me advice in line with my attitude to risk and will ensure that the underlying investments recommended meet my risk profile.
16. I understand that it is my or my Appointed Adviser's responsibility to monitor and manage the investments within my SIPP and to provide instructions on transactions relating to my SIPP.
17. I confirm I will not require benefits for me other than in accordance with the rules of the Scheme.
18. I confirm that I understand my application and transfer cancellation rights in accordance with section 11 of this application.
19. I authorise and instruct you to request the transfer of my pension(s) as defined in section 4 of this application.
20. I confirm that where any benefits being transferred are from a Defined Benefits Scheme, I have read and understood the benefits section of The Adviser SIPP Key Features document, and also section 15 of this application, which details the different types of benefits available to me under the Scheme.
21. I confirm that I shall keep the Scheme Administrator informed of any changes in my circumstance and/or status (including but not limited to change of contact details), as soon as possible, after the change occurs.
22. I confirm that this declaration together with ALL the information provided in this application, and any other documents completed in connection with this application are, to the best of my knowledge and belief, correct, complete and not misleading.
23. confirm that where any benefits being transferred are from a Defined Benefits Scheme, I have read and understood the iPensions Group USA SIPP Key Features document, in particular the Benefits section and section 14 of this form, which detail the different types of benefits available to me under the iPensions Group USA SIPP.

Transfer(s) Authorisation

24. I authorise and instruct and apply to the current provider(s) to transfer sums and assets from the plan(s) detailed in section 4 directly to iPensions Group and to provide any instructions and/or discharge required by any relevant third party to do so.
25. I authorise iPensions Group, The Current Provider(s), any contributing Employer and any appointed 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 iPensions Group.
26. I accept that in order to comply with regulatory obligations, iPensions Group and The Current Provider(s) 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.
27. 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).
28. Where the payment(s) made to iPensions Group represent(s) as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of plan(s) listed in section 4, where the whole of the plan(s) is transferring, or part of the plan(s) represented by the payment(s), if only part of the plan(s) is transferring.
29. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that iPensions Group and the current provider(s) may incur as a result of any incorrect, untrue, or misleading information in this Application or given by me, or on my behalf, or any failure on my part to comply with any aspect of this Application.

Please sign and date the application and return with the relevant supporting documentation to:

iPensions Group Limited

2nd Floor, Marshall House,
2 Park Avenue,
Sale,
M33 6HE

Applicant's Signature

Date

14. Fee Disclosure (to be completed between the Financial Adviser and the Applicant)

Pension Transfer Specialist (PTS) fee (if applicable) to be paid by iPensions Group¹

GBP

¹This should only be completed where the PTS Fee is to be deducted from the transfer funds received and paid by iPensions Group.

The fee paid will be net of any applicable bank charges. iPensions Group will process the fee payment after receipt of the PTS Firm invoice.

Financial Adviser Fees

Please ensure you complete this section even where the Initial Adviser Fee is paid through Establishment Charge.

Initial Adviser Fee (%) _____ Estimated equivalent in pounds and pence £ _____

Or Initial Adviser Fee (£) _____

iPensions Group to pay the Initial Adviser Fee

Yes ²

No

² If Yes option is chosen, the Initial Adviser Fee will be deducted from the transfer funds received and paid to the Financial Adviser by iPensions Group.

If the Initial Adviser Fee is paid as a percentage of the total transfer value, the Pound and Pence figure shown above may vary from the actual fee paid depending on the final transfer amount iPensions Group receive.

Ongoing Adviser Fee (%) ³ _____

³ This relates to the ongoing Financial Adviser fee paid by the investment provider.

Investment Provider Fees

You must complete this section if investing in an offshore portfolio bond ⁴

Investment provider setup fee: _____ % p.a. For _____ Years ⁵

Therefore reducing to: _____ %

Or One off setup fee _____ %

Fee Applied To: Initial investment amount Fund value

Initial investment amount £ _____

⁵ The establishment period should not exceed 5 years and should end either before the current UK state retirement age or the Member's intended retirement age, whichever is earlier.

Current ongoing investment provider fee: _____ % p.a.

Current investment provider administration fee: £ _____ p.a.

Ongoing Charge Figure (OCF): _____ % p.a.

Initial adviser fee included in the Offshore Portfolio Bond Establishment Charge ⁶ Yes No

⁶ This relates to the Initial Adviser Fee paid by the investment provider. If you tick above box, you must still complete Financial Adviser Fee section.

You must complete this section if investing through a platform ⁴

Current ongoing investment provider fee: _____ % p.a.

Ongoing Charge Figure (OCF): _____ % p.a.

You must complete this section if investing directly into a DFM ⁴

DFM service fee: _____ % p.a.

Ongoing Charge Figure (OCF): _____ % p.a.

⁴ Please note the above fees may not account for all fees payable to the Investment Provider, including but not limited to transaction fees for services such as dealing costs, custodian fees, etc. Before proceeding with this application, please ensure you review all fees payable to the investment provider, as set out in the investment provider documentation and/or available from your adviser. The above fees may vary over time, as provided in the Investment Provider documentation and your Appointed Adviser should keep you updated accordingly of any fee changes.

15. Defined Benefits and Safeguarded Benefits - Important Information

Where you choose to transfer benefits held in your current Defined Benefit Scheme or Safeguarded benefits to a SIPP, you are giving up your future entitlement to a guaranteed pension benefit and other associated benefits as outlined below. You will not be able to reverse this transfer once we process your request to transfer.

It is a legal requirement that for transfers from Defined Benefits schemes or schemes with Safeguarded Benefits, over £30,000 that specialist advice is sought.

Prior to transferring these benefits, you should have considered the following key points with the pension transfer specialist advice and in discussions with your adviser. Please note this is not an exhaustive list and that iPensions Group Limited are not able or authorised to provide you with advice regarding the transfer of benefits.

- As a member of a Defined Benefit scheme you are guaranteed a certain level of pension income payable for life to you from when you retire.
- Your scheme may also allow you to retire early on a reduced guaranteed pension or provide the full level of guaranteed pension to you if you retire earlier due to ill health.
- Your scheme may also provide for a guaranteed level of benefits to your beneficiaries in the event of your death.
- From the date you ceased to be an active member of your Defined Benefit scheme, your pension benefits may increase annually with the aim of keeping pace with inflation.
- If you have an entitlement to a protected early retirement age or are registered with the HMRC for enhanced protection or a protected/enhanced tax-free cash entitlement under your current scheme, this may be lost on transfer.
- Where a UK Defined Benefit scheme becomes insolvent the scheme will have access to the UK Pension Protection Fund providing a degree of protection for your guaranteed benefits.

Under a SIPP, the value of your pension benefits on retirement are not guaranteed and are based on the performance of your investments, the fund value at the point you elect to take benefits and annuity rates at that time, if you decide to buy a pension.

The Money Advice Service website provides further information relating to Defined Benefits which can be accessed here: <https://www.moneyadviceservice.org.uk/en/search?query=defined+benefits>

Insistent Client Declaration

I, the undersigned (being the applicant), certify and acknowledge to iPensions Group by signing this declaration that:

1. I have received independent financial advice from a FCA Regulated Pension Transfer Specialist Firm, (the "Firm").
2. The Firm has provided me with a personal recommendation as part of their Suitability Report.
3. I have decided to enter into a transaction which goes against the advice in the personal recommendation provided to me by the Firm and I request that the Firm and the iPensions Group facilitate that transaction, at my insistence.
4. I am satisfied that the Firm has explained to me the nature, meaning, risk and effect of not following the personal recommendation and I fully understand the implications of not carrying out this matter in accordance with the Firm's personal recommendation.
5. I understand the risks involved, that proceeding with the transaction will not be in my best interests, and based on your personal recommendation received, you are likely to receive lesser benefits in retirement.
6. I understand that iPensions Group, in administering my request, will have no liability to me whatsoever in relation to my decision not to adhere to the personal recommendation and I will not hold iPensions Group liable for any penalties, fees, costs, claims, expenses, damages or losses I and/or my beneficiaries may incur, now or in the future, due to my decision not to adhere to the personal recommendation provided to me. I understand also that iPensions Group do not provide me with any type of advice in relation to the request I have made and the instructions I have provided to them.
7. Please confirm in your own handwriting, in the space below the reason that you wish to act against the personal recommendation of the Firm and insist on transferring your pension benefits as detailed in the iPensions Group Application Form.

My Comments

My Signature

My Full Name (in block capitals)

Date