

SIPP Transfer Instruction

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 **x** in the applicable boxes.

If you have any questions please contact your Financial Adviser, or call our Client Services Team on 0345 076 6140. Our lines are open 8:30am to 5:30pm Monday to Friday.

The completed form should be sent to:

New Business, M&G Wealth, Trimbridge House, Trim Street, Bath BA1 1HB

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

Date of Birth

 / /

National Insurance Number

Estimated transfer value

£

Does this transfer represent the full value of the plan?

Yes

No

Are the sums and assets being transferred:

Already entirely in drawdown

Already partially in drawdown

Not in drawdown

Estimated Uncrystallised value

£

Estimated Crystallised value

£

If Crystallised value is entered, please tell us how many drawdown arrangements/accounts are being transferred

Have you triggered the Money Purchase Annual Allowance?

Yes

No

If Yes what date did you trigger these rules?

 / /

Are you taking immediate pension benefits on transfer?

Yes

No

Please complete a separate **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 some assets to be re-registered?

Yes

No

If Yes, please continue to **Section 2 (Asset Re-registration)** and provide a current valuation and a list of assets from the transferring scheme.

Is the payment in respect of a pension credit?*

Yes

No

Is the current plan subject to any existing or proposed trustee in bankruptcy orders, or other receiving orders?

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.

Initial Financial Adviser Charge for:

Cash transfer

 % and /or £

Re-registrations

 % and /or £

If you're taking tax free cash from this transfer, please confirm whether you would like to pay the Initial Financial Adviser Charge before or after paying the tax free sum.

Please pay **before** paying tax free lump sum

Please pay **after** paying tax free lump sum

Section 2 Asset Re-registration

Please provide a valuation dated within the last month identifying the following information:

- Name of asset
- International Security Identification Number (ISIN)
- Number of units held
- Purchase cost (£)
- Whether to re-register the asset or sell the asset and transfer in cash.

If any of the above assets cannot be re-registered the above provider will convert holdings into a 'Common' Share Class before re-registration unless the following option is selected.

I authorise the asset to be sold and the proceeds to be transferred in cash



Please note: failure to provide a valuation may delay us requesting the transfer.

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) I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section 1 directly to the M&G Wealth Pension Account and to provide any instructions and/or discharge required by any relevant third party to do so.
 - (ii) 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).
 - (iii) When payment(s) is made to the M&G Wealth 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.
 - (iv) I accept that in order to comply with regulatory obligations, IFDL 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.
 - (v) I have read any information provided or made available to me by the current provider in connection with this transfer.
- (c) To the transferring scheme and IFDL where I am applying for a transfer of funds from a registered pension scheme:
- (i) 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.
 - (ii) I authorise IFDL, the current provider, any contributing Employer and any financial intermediary 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 M&G Wealth Pension Account.
- (d) I understand if I am already subject to the Money Purchase Annual Allowance, I have supplied the date the Money Purchase Annual Allowance first applied to me in Section 1 of this form.

Data Protection

As described in our Terms, the personal data that you provide to Investment Funds Direct Limited under this form will be used by us in compliance with our obligations under the EU and/or UK General Data Protection Regulations, including, where applicable, any other relevant privacy laws (together, "Applicable Data Protection Law").

Our Client Privacy Policy explains how personal data will be collected, used and stored by us and will set out further information required to be provided under Applicable Data Protection Law to the individual to whom the personal data relates. Please see our Client Privacy Policy (which we will update from time to time) for more information. This is available from your Financial Adviser or at ifdl.info/privacypolicy. If you provide us with information about other investors, you confirm that you will pass on a copy of our Client Privacy Policy to them so that they are aware of how their personal data will be collected, used and stored by us.

Applicant's Signature

Full Name of Applicant

Email

Account number (if known)

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Section 4 Financial Adviser Declaration

Please complete all applicable boxes and sign and date this section. I hereby confirm the information in this section is correct and complete.

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.

Name of Registered Individual

Signature

Date

 / /

Name of firm