

# Additional Transfer In form

This form is to be used to transfer in existing pensions to your SIPP. It acts as your authority to request for the benefits held by another registered pension scheme to be transferred into the iSIPP Scheme administered by iPensions Group Limited.

## 1. Checklist

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

### Compulsory

This Transfer Form

### Optional / Supplementary Forms where applicable / appropriate / relevant

Completed and signed discharge paperwork from your current provider (not required if current provider utilises the Origo Options Transfer Service)

Any additional requirements your current provider may have, for example documents to validate your identity. Please refer to Section 8 of this document for more information.

Please email all paperwork to [hello@isipp.co.uk](mailto:hello@isipp.co.uk)

If you have any queries regarding filling this form or the documentation required, please email your query to [hello@isipp.co.uk](mailto:hello@isipp.co.uk) or if you would wish to speak with our one of our team member, call 0161 972 2841.

## 2. Member Details

Surname

Forename(s)

UK NI Number

Date of Birth

Address

### 3. 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 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) _____
Will the existing provider allow the transfer to proceed via the Origo Options Transfer Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

#### Drawdown Details

Have you previously taken benefits on this scheme: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the funds being transferred: <input type="checkbox"/> Already entirely in drawdown <input type="checkbox"/> Already partially in drawdown <input type="checkbox"/> Not in drawdown	
Does this transfer include a flexi-access drawdown arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this transfer include a capped drawdown arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to the above question, I confirm I wish to convert the capped drawdown arrangement to flexi-access drawdown? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 4. Your Right to Change Your Mind

#### You have the right to change your mind for transfers

We 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 request to transfer to cancel the proposed transfer.

Your right to cancel your transfer is separate from your right to cancel the establishment of your SIPP. You are NOT able to waive your cancellation rights for transfers.

#### Shortfall provisions that apply to cancellations

If you exercise your right to cancel your transfer, 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. 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.

## 5. Transfer(s) Authorisation

1. I authorise and instruct and apply to the current provider to transfer sums and assets from the plan(s) detailed in Section 3 directly to iSIPP and to provide any instructions and/or discharge required by any relevant third party to do so.
2. I authorise iSIPP, The Current Provider, to release any information that may be required to enable the transfer of sums and assets to iSIPP.
3. I accept that in order to comply with regulatory obligations, iSIPP and The Current Provider named in this transfer form, 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.
4. Until this transfer is accepted and complete, iSIPP's responsibility is limited to the return of the total payment to The Current Provider.
5. Where the payment made to iSIPP represent as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan listed in Section 3, where the whole of the plan is transferring, or part of the plan represented by the payment, if only part of the plan is transferring.
6. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that iSIPP and the current provider may incur as a result of any incorrect, untrue, or misleading information in this transfer form or given by me, or on my behalf, or any failure on my part to comply with any aspect of this transfer form.

Applicant's Signature

Date