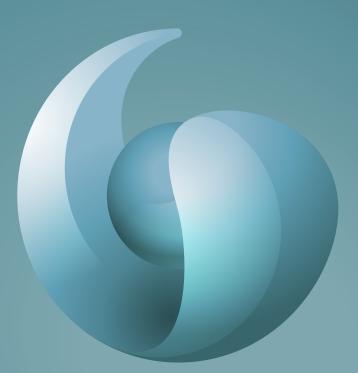


Pension Transfer Request Form UK Registered Scheme



This Pension Transfer Document should be completed by the Member and the Receiving UK Pension Scheme.

Please do not fill this form out if the Receiving Scheme is an Overseas Pension Scheme.

🛪 www.ipensionsgroup.com

m Sipp@ipensionsgroup.com

iPensions Group Limited is registered in England and Wales with Company Number 03683070 whose registered office is at 2nd Floor, Marshall House, 2 Park Avenue, Sale M33 6HE. Authorised and regulated by the Financial Conduct Authority, Licence Number 464521.

INTRODUCTION

iPensions Group Limited is the Provider and Scheme Administrator and iPensions Group Trustees Limited is the Scheme Trustee. A few parts of the service are outsourced. iPensions Group is authorised and regulated by the Financial Conduct Authority, Licence Number 464521.

This is your request to transfer. iPensions Group will not allow transfers to schemes where there are concerns about its regulatory status. Further, iPensions Group will review all transfer out requests, and, where appropriate, exercise discretion to insist on the form of the transfer (cash or in-specie). This may be for a variety of reasons, including the investment type held under your SIPP and its ongoing investment charges.

In order to proceed with your Pension Transfer request, we require the following:

- Section 1 of this form must be completed by you, the Member.
- Section 2 of this form must be completed by the Receiving Scheme.
- A copy of His Majesty's Revenue and Customs (HMRC) PSTR confirmation Letter per the Receiving Scheme.
- Copies of promotional documentation provided to you when you became a Member of the Receiving Scheme.

Please ensure all sections are fully completed. Failure to provide all relevant information and supporting documentation could result in a delay in the transfer being processed.

SECTION 1: MEMBER TRANSFER OUT AUTHORITY FORM

To be completed by the Member

| 01. Member Details | |
|----------------------|------------------------------|
| Full Name | Member Scheme ID |
| Date of Birth | UK National Insurance Number |
| Residential Address | Country of Tax Residence |
| 02. Transfer Details | |

Please select the scheme membership:

| The Adviser SIPP | Scheme PSTR Number - 00816084RQ | The USA SIPP Scheme PSTR Number - 20000278RA |
|------------------|---------------------------------|---|
| Forthplus SIPP | Scheme PSTR Number - 00827309RK | The Platform SIPP Scheme PSTR Number - 20002945RZ |

I request the transfer of my benefits held within my SIPP to the following Receiving Pension Scheme:

| Full Scheme Name | Pension Reference / Plan Number |
|------------------|---------------------------------|
| Contact Number | Email Address |



02. Transfer Details (continued)

Please confirm the reason for the transfer:

ſ

| Please confirm how the underlying investment is to be transferred | Cash Transfer In-Specie transfer |
|--|----------------------------------|
| Is this a full or partial transfer? | Full Transfer Partial Transfer |
| Transfer value: | |
| Have you booked a Money Helper appointment prior to making this t | transfer? Yes No |
| f Yes: | |
| Please provide evidence of this along with the meeting reference: | |
| Have you taken regulated financial advice prior to making this transfer | er? Yes No |
| f Yes: | |
| Company Name | Adviser Name |
| Regulator | License Number |
| Registered Address | Country of Registration |
| Have you considered if there are any exit penalties with your current ir | investment provider? Yes No |
| Current investment provider: | |
| Exit penalty fee: | Exit penalty expiry date: |
| Adviser fee information: | |
| Adviser charges initial | |
| Adviser charges ongoing | |
| Adviser charge one off fee | |
| Please confirm % or value | |



03. Required Documentation to be Enclosed

You must enclose the following information:

| Adviser suitability report. | |
|---|--|
| Key Features Illustration from the proposed scheme. | |
| Key Features document from the proposed scheme | |

If you are transferring to an occupational pension scheme (OPS) please provide one of the following documents:

A letter from your employer confirming your continuous employment

Note: The letter should include: the date when your employment began, confirmation they are the sponsering employer of the receiving scheme, and confirmation that contributions on the schedule of contributions have been paid and the dates of those payments.

A schedule of contributions or payment schedule.

Note: This should show the contributions due to be paid by the employer and by you (or on behalf of you) in the last three months, along with the due dates.

Payslips for three months, or other evidence in writing, confirming your salary.

Note: The evidence should include any commission, bonuses or other amounts paid.

Copies of bank or building society statements showing the deposit of salary from the employer for the last three months.

Trust deed and rules for receiving scheme



04. Member Declarations

I request the transfer of my benefits held within my SIPP to the Receiving Scheme detailed in Part 2. I understand that the amount of the transfer payment will depend on the valuation of the assets at the date the assets are encashed or assigned (in the case of an in-specie transfer) and will be made subject to any fees or tax applicable. The amount of the transfer payment may be higher or lower than the current valuation of my benefits held within my SIPP.

I authorise the release of any details or information:

- i. about my pension benefits to the Receiving Scheme, as they may request from you; and
- ii. by the Receiving Scheme to you, as you may request to process my transfer.

I understand that neither the Trustees, Scheme Administrator nor Provider of my SIPP is responsible for any quotation or literature issued or representation made on behalf of the Receiving Scheme(s).

I acknowledge that in complying with my requirement to pay the transfer value as requested the Trustees and Scheme Administrators are discharged from any obligation to provide me, my spouse or dependants with any further entitlement under my SIPP.

I confirm that the Trustees / Manager or Scheme Administrators of the Receiving Scheme have agreed to accept the transfer.

I understand and agree that I will be wholly and personally liable for any tax charges due and any resultant penalty as may be imposed by His Majesty's Revenue and Customs (HMRC) because of information in this form being incorrect or incomplete. I understand that a transfer of my benefits that is not a recognised transfer will be an unauthorised payment and will result in unauthorised payment tax charge.

I understand that none of the Trustees, Scheme Administrators, nor Provider of my SIPP are liable for any claim in the event of further tax becoming payable due to incomplete or incorrect information.

Access to funds is normally only permitted for those over age 55 (except on grounds of permanent ill health) who follow a formal retirement process set out by the Trustees or Employer of the Receiving Scheme and within the applicable legislation. I understand that any such payment before age 55 would constitute an unauthorised payment for tax purposes and as a result could be subject to a tax deduction and may also be subject to additional tax penalties.

I acknowledge that I have read the additional information at the end of this document regarding pensions scams and the recommendation from iPensions Group to review the 'pension scam' information available to individuals from the Pensions Regulator or Pensions Advisory Service before I sign these transfer discharge forms. If I have any concerns regarding this transfer, I understand that I should raise these concerns with iPensions Group or seek regulated financial advice before signing this discharge form.

| Member Signature | Date |
|------------------|------|
| | |
| | |
| | |

If you answered No to all of the questions on Page 3 specifically related to the information provided to you by the Receiving Scheme, please forward this transfer request form to the Receiving Pension Scheme to complete Section 2, who will then return the fully completed form to us at the address below.

If you have answered Yes to any of the questions on Page 3 specifically related to the information provided to you by the Receiving Scheme, then please return your part of the form directly to us at the following address, and forward Section 2 below to the Receiving Scheme:

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



SECTION 2: RECEIVING SCHEME DECLARATION

To be completed by the Receiving Scheme

| 01. Receiving Transfer Scheme Questi | onnaire and Declaration |
|--|--|
| Member Name | Pension Reference / Plan Number |
| Date of Birth | UK National Insurance Number |
| Details of Receiving Scheme | |
| Full Scheme Name | Pension Scheme Provider |
| Scheme Administrator Correspondence Address | Contact Number |
| | Email Address |
| Name of Contact (in case of enquiry) | Scheme's HMRC Tax Reference (PSTR) Number |
| Copy of HMRC PSTR Confirmation Letter attached | Yes No |
| Date Scheme Established | Date the above Member joined the Scheme |
| Cype of Scheme | |
| Occupational Pension Scheme (OPS) | |
| Personal Pension Scheme (GPP / PPP) | |
| Buy Out Policy (Section 32) | |
| Self Invested Personal Pension (SIPP) | |
| Small Self Administered Scheme (SSAS) | |

If the Scheme is an occupational pension scheme or scheme relating to an employment, please confirm:

| Name of Employer | Date Member commenced employment with employer |
|--------------------------------------|--|
| How many schemes do they administer? | Total AUM of the firm |
| If a SSAS, is the Member a Trustee? | Yes No |



Other

01. Receiving Transfer Scheme Questionnaire and Declaration (continued)

Please confirm where the funds will be invested:

| Investment platform | Asset name | Asset class |
|--|------------|-------------|
| Investment platform | Asset name | Asset class |
| Investment platform | Asset name | Asset class |
| Investment platform | Asset name | Asset class |
| Investment platform | Asset name | Asset class |
| Investment platform | Asset name | Asset class |
| Are any of the investments subject to an exit penalty if the client wish to access or transfer the investments within an agreed period of time (for example within five or ten years?) | | |
| What is the value of the exit penalty? | | |

Please confirm the costs and charges are for your new arrangement. E.G. Investment fees, annual fees, any fixed fees that are applicable.

Transfer Payment Details

| Bank Name | Bank Address |
|-------------------------|--------------|
| Account Name | |
| Account Number Sort Cod | e SWIFT Code |



01. Receiving Transfer Scheme Questionnaire and Declaration (continued)

We hereby declare:

The above named Member has authorised us to accept the transferring benefits from my SIPP pursuant to the applicable relevant legislation.

We warrant and undertake to the Trustees of my SIPP that all relevant requirements of the relevant legislation have been satisfied and in particular that:

- The Receiving Scheme is a UK registered pension scheme under the Finance Act 2004 under the PSTR shown in Part 1 above and is both willing and able to accept the transfer of the Member's benefits.
- We authorise HMRC to release to the Scheme Administrator of my SIPP such information as required to confirm this registered status.
- The transfer payment will be used to provide relevant benefits under a UK Registered Pension Scheme, in line with Part 4 of the Finance Act 2004.
- Where a pension sharing or other court order exists at the date of transfer and details have been provided by the Scheme Administrators of my SIPP, we undertake to take any such order into account under the Receiving Scheme.
- The information given in this questionnaire is complete and correct.

Signed for and on behalf of the Receiving Scheme:

| Authorised Signatory | Date Signed |
|---------------------------|----------------------------------|
| | |
| Authorised Signatory Name | Authorised Signatory Position |
| Autionsed Signatory Name | Additionaed algitatory i oattori |
| | |

Please return this completed Transfer Request Form including a copy of the HMRC PSTR Confirmation letter to the Scheme Administrators at the following address:

iPensions Group Limited

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

Additional Information

Pension Scams

The Financial Conduct Authority, The Pensions Regulator and MoneyHelper have published material for individuals to alert them to the dangers of "Pension Scams".

Many of the offers seem very convincing, offering a free pension review, early pension release, a legal loophole, pension loans or offers of excellent returns.

However, once you've transferred your money into a scam, it is too late. You could end up losing all your pensions savings and in some cases face a tax bill of up to 55%.

Before you sign any transfer discharge forms, we strongly recommend you read the pension scam information available on the Financial Conduct Authority, MoneyHelper and Pensions Regulator websites which can be accessed as follows:

- <u>https://www.fca.org.uk/scamsmart/how-avoid-pension-scams</u>
- <u>https://www.thepensionsregulator.gov.uk/en/pension-scams</u>
- https://www.moneyhelper.org.uk/en/pensions-and-retirement/pension-wise

If you have any queries or concerns in this regard, please let us know immediately.



iPensions Group Limited is registered in England and Wales with Company Number 03683070 whose registered office is at 2nd Floor, Marshall House, 2 Park Avenue, Sale M33 6HE. Authorised and regulated by the Financial Conduct Authority, Licence Number 464521.