

## **SSAS Transfer In Application**

Please complete this form when transferring beneÿts from a UK Registered Pension Scheme. Please complete a separate form for each plan/scheme.

SSAS Name				
Member Details				
Member Name				
Address				
				Postcode
Date of Birth			Member No (if known)	
Transferring Scheme	Details			
Transferring Scheme Name				
(the current provider)				
Transferring Scheme Address				
				Postcode
HMRC Pension Scheme	e Tax Reference (PSTR) number			
Transferring Scheme Policy No.				
_	·			
Transfer Details				
Complete for a Full Tr	ansfer:			
Estimated total transfer value		£		
of which represents Uncrystallised Funds		£		
of which represents Crystallised Funds		£		
Complete for a Partia	l Transfer:			
•				
Exact value to be trans	ferred	£		
of which represents Uncrystallised Funds		£		
of which represents Cr	ystallised Funds	£		

(If a partial transfer includes crystallised funds then all of the crystallised funds must be included in the transfer, i.e. only uncrystallised benefits will remain in the Transferring Scheme.)

Are any assets being transferred 'in specie'?	Yes	No	
If Yes, please provide details of the assets below, or attach a separate scheoproperty, please complete the SSAS Property Purchase Questionnaire which http://www.yorsipp.com/literature/			
(Yorsass may not be able to accept all investments and reserve the right to refe	use any invest	ments.)	
Have you taken any beneÿts from the Transferring Scheme?	Yes	No	
If Yes, does the transfer include any Drawdown funds?	Yes	No	
If yes, and you want to commence or continue to receive an income from Payment Form, which is available on request or from our website: http://w			SSAS Beneÿt
If the transfer includes Drawdown funds, is this:	own	Flexi-Access Drawdown	
(If a Capped Drawdown fund is being transferred, this will continue as Capped Drawdown.)	d Drawdown u	ınless you ask us to convert this to	o Flexi-Access
Have you accessed beneÿts from the Transferring Scheme or any other UK Registered Pension Scheme in a way which means your contributions are subject to the Money Purchase Annual Allowance (MPAA	Yes	No	
If yes, please provide the date the MPAA ÿrst applied			
Is the transfer subject to any existing or proposed trustee in bankruptcy order?	Yes	No	
Is the transfer in respect of Pension Credit rights, as a result of a divorce?	Yes	No	
Is the transfer in respect of beneÿts that are subject to an attachment or earmarking order, as a result of a divorce?	Yes	No	
Is the transfer subject to a pension sharing arrangement which has not yet been implemented?	Yes	No	
Are you entitled to scheme-speciÿc lump sum protection under the Transferring Scheme?	Yes	No	
Do you have a protected pension age (below age 55) in the transferring scheme?	Yes	No	
Is this transfer part of a Block Transfer?	Yes	No	
If Yes please provide the names of the other member(s)			
Does the transfer include Safeguarded Beneÿts?	Yes	No	

(Examples include certain transfers from a Defined Benefit occupational pension scheme or an individual contract containing a Guaranteed Annuity Rate. If in any doubt about whether a transfer includes Safeguarded Benefits please speak to a Financial Adviser.)

Has advice been given to which this application		to the transfer	of beneÿts		Yes	No	
If Yes, please provide d	etails in Fin	ancial Adviser I	Details section b	elow.			
Protection against t	he Lifetim	ne Allowance	Charge				
Have you registered wi protection against the					Yes	No	
If yes, please tick all tha	at apply and	d provide a cop	y of the certiÿca	te or ente	er the HMRC re	eference number, a	s appropriate.
Enhanced Protection					Certiÿca	ate Enclosed	
Enhanced Protection w	ith Lump S	um Protection			Certiÿca	ate Enclosed	
Primary Protection					Certiÿca	ate Enclosed	
Primary Protection witl	h Lump Sur	n Protection			Certiÿca	ate Enclosed	
Fixed Protection (2012)	)				Certiÿca	ate Enclosed	
Fixed Protection 2014					Certiÿca	ate Enclosed	
Individual Protection 2	014				Certiÿca	ate Enclosed	
Fixed Protection 2016			HMRC F	Reference			
Individual Protection 2	016		HMRC I	Reference			
Financial Adviser De	etails						
Name	Title	Forename(s	5)			Surname	
Company Name							
Address							
						Postcode	
Tel No				٨	Лobile No		
Email Address				F	CA No		
Do your wish your Fina	ncial Advis	er to receive re	muneration fron	n this tran	sfer?	Yes	No
Amount £		or	Percentage		%		

## **Declaration**

I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in the Transferring Scheme Details section of this application directly to Yorssas (Trustees) Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise Yorssas (Trustees) Limited, 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 Yorssas (Trustees) Limited.

I accept that in order to comply with regulatory obligations, Yorssas (Trustees) Limited 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.

Until this application is accepted and complete, Yorssas (Trustees) Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).

When payment is made to Yorssas (Trustees) Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the Transferring Scheme Details section of this application 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.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Yorssas (Trustees) Limited 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.

	Date	
Member's Signature		



