



# SIPP Transfer In Application

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

## 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 Tax Reference (PSTR) number			
Transferring Scheme Policy No.			
Estimated Value (for full transfers) OR Exact Value to be transferred (for partial transfers)		£	

## Protection against the Lifetime Allowance Charge

Have you registered with HM Revenue & Customs for protection against the Lifetime Allowance Charge?  Yes  No

If yes, please tick all that apply and provide a copy of the certificate or enter the HMRC reference number, as appropriate.

Enhanced Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Enhanced Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection (2012)	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Individual Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection 2016	<input type="checkbox"/>	HMRC Reference	
Individual Protection 2016	<input type="checkbox"/>	HMRC Reference	

## Transfer Details

Is this a partial transfer?  Yes  No

If Yes, please ensure the exact amount to be transferred has been entered above.

Are any assets being transferred 'in specie'?

Yes

No

If Yes, please provide details of the assets below, or attach a separate schedule. If the assets to be transferred include commercial property, please complete the SIPP Property Purchase Questionnaire which is available on request or from our website: <http://www.yorsipp.com/literature/>

*(Yorsipp may not be able to accept all investments and reserve the right to refuse any investments.)*

Is the transfer in respect of Pension Credit rights, as a result of a divorce?

Yes

No

Is the transfer in respect of benefits 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-specific 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)

Have you taken any benefits 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 your Yorsipp plan, please also complete a SIPP Benefit Payment Form, which is available on request or from our website: <http://www.yorsipp.com/literature/>

If the transfer includes Drawdown funds, is this: Capped Drawdown

Flexi-Access Drawdown

*(If a Capped Drawdown fund is being transferred, this will continue as Capped Drawdown unless you ask us to convert this to Flexi-Access Drawdown.)*

Have you accessed benefits 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 first applied

Does the transfer include Safeguarded Benefits?

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 in relation to the transfer of benefits to which this application relates?

Yes

No

If Yes, please provide details in Financial Adviser Details section below.

## Financial Adviser Details

Name	Title	Forename(s)	Surname
Company Name			
Address			
	Postcode		
Tel No	Mobile No		
Email Address	FCA No		

Do you wish your Financial Adviser to receive remuneration from this transfer?  Yes  No

Amount £  or Percentage  %

## Declaration

I authorise and instruct you to transfer funds from the plan(s) as listed in the Transferring Scheme Details section of this application directly to Yorsipp (Trustees) Limited. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise you to release all necessary information to Yorsipp (Trustees) Ltd to enable the transfer of funds to Yorsipp (Trustees) Limited.

I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in the Transferring Scheme Details section of this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

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

Where the payment(s) made to Yorsipp (Trustees) Limited represent(s) all of the funds under the plan(s) listed in the Transferring Scheme Details section of this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to the receiving provider represent(s) part of the funds under the plan(s) listed in the Transferring Scheme Details section of this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that Yorsipp (Trustees) Limited or Yorsipp Limited and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in the Transfer Details of this application.

Members Signature

Date



Registered Office: c/o Calvert Dawson Limited, 288 Oxford Road, Gomersal, Cleckheaton, BD19 4PY Registration number 05743279

Yorsipp Limited is authorised and regulated by the Financial Conduct Authority

PENSION ADMINISTRATORS

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