

SIPP Transfer In Form

If you wish to transfer your entitlement to benefits from another pension scheme to the Wealthtime Self-Invested Personal Pension (SIPP) administered by Wealthtime Limited, please fill out the following sections.

For all pension transfers, whatever the value, we require advice recommending the transfer be obtained from a financial adviser qualified to advise on such transfers in accordance with the requirements of the Financial Conduct Authority.

A copy of this advice may need to be supplied to Wealthtime.

I confirm I've received financial advice in connection with this transfer.

☐

Financial adviser name

Financial adviser firm name

FCA reference number

Your details

First name(s) in full

Last name

Date of birth (dd/mm/yyyy)

Client number (if known)

Type of pension scheme (e.g. personal pension, section 32, AVC, occupational defined benefit, occupational defined contribution, SIPP)

Address of transferring scheme

Full name of transferring scheme

Policy number(s) or reference number(s)

Postcode

HM Revenue & Customs reference number (if known)

Contact name

Is the transfer subject to any:

- Existing or proposed trustee in bankruptcy orders
- Earmarking or pension sharing orders
- Other receiving orders

Yes ☐ No ☐

If 'yes', is the transfer:

A pension credit?

☐

A dependant or nominee pension?

☐

If 'yes', please attach a copy of the document.

Is the transfer payment from an arrangement where you are not an original member?

Yes ☐ No ☐

If 'yes', is there a pension commencement lump sum available?

Yes ☐ No ☐

The funds being transferred are:

Fully crystallised

☐

Estimated crystallised[†] value (£) (if applicable)

Partially crystallised

☐

Please select drawdown type:

Uncrystallised

☐

Capped

☐

Flexi-access

☐

Estimated uncrystallised[†] value (£) (if applicable)

If both uncrystallised and crystallised pension arrangements are going to be transferred, we'll open a SIPP arrangement for you for your uncrystallised funds and an Income Transfer Plan (ITP) arrangement for your crystallised funds. Both parts will be held under the same plan.

Is the full value of the scheme being transferred?

Yes

☐

No

☐

If 'no', please indicate the value to be transferred as a percentage or an amount:

Are any assets to be re-registered^{††} into the SIPP as part of an in-specie transfer value?

Yes

☐

No

☐

If it's not possible to re-register my existing investments, please arrange for these to be sold and transferred in cash:

Yes

☐

No

☐

[†]The part of the fund you've drawn benefits on is known as the crystallised part, and the part you haven't drawn benefits on is the uncrystallised part.

^{††}Any re-registration of investments into your Wealthtime SIPP will be subject to your existing provider allowing this type of transfer and your investments being available on the Wealthtime funds list. Some providers may ask you to complete their own discharge forms, which you can get from your existing pension provider. Alternatively, Wealthtime is a user of the Origo Options Transfer Service, and if your existing pension provider is also a user of this service then we won't require a completed discharge form.

Declaration

I accept that the benefits to be provided by the receiving scheme may be in a different form and of a different amount from those which would have been payable by the transferring scheme, and there is no statutory requirement on the receiving scheme to provide for survivor's benefits out of the transfer payment.

I confirm, to the best of my knowledge and belief, the particulars and declarations given in this application form are correct and complete.

I authorise and instruct you to transfer sums and assets from the plan(s) as listed above directly to the Wealthtime Self-Invested Personal Pension, and to provide any instructions and/or discharge required by any relevant third party to do so.

I also authorise Wealthtime Select, the current provider, any contributing employer and any financial adviser 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 my Wealthtime Self-Invested Personal Pension.

I accept that in order to comply with regulatory obligations, Wealthtime Limited and the current provider named in this application may need to verify my identity and residential address. I understand they may use credit reference agencies and ask for documents to verify my identity and address.

Until this application is accepted and complete, Wealthtime Select's responsibility is limited to the return of the total payment(s) to the current provider named in this application.

When payment is made to the Wealthtime Self-Invested Personal Pension as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in this form 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 Wealthtime Select 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.

Client signature

Date (dd/mm/yyyy)

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If you require this document in an alternative format please contact us.

Wealthtime and Wealthtime Select are trading names of Wealthtime Limited. Wealthtime Limited is a limited company registered in England and Wales. No. 06016480. Registered Office: 1 London Road Office Park, London Road, Salisbury SP1 3HP. Wealthtime Limited is authorised and regulated by the Financial Conduct Authority. FCA Number 468461.