

SIPP Transfer In Form

If you wish to transfer your entitlement to benefits from another pension scheme to the Wealthtime Select	in connection with this transfer.
Self-Invested Personal Pension (SIPP) administered by Wealthtime Limited, please fill out the following section	- Financial advicer
For all pension transfers, whatever the value, we required 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.	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	Is the transfer payment from an arrangement where you are not an original member? Yes No
Yes No	If 'yes', is the transfer:
If 'yes', please attach a copy of the document.	A pension credit? Yes No Yes If 'yes', is there a pension commencement lump
Does the transfer include a protected pension age?	sum available?
Yes No	Yes No
If 'yes', please confirm pension age:	A dependant or nominee pension? Yes No



The funds being transferred are:									
Fully crystallised				Estimated crystallised† value (£) (if applicable)					
Partially crystallised			\bigcirc	Please select					
Uncrystallised			\bigcirc	drawdown type:	Capped	\bigcirc	Flexi-a	ccess	\bigcirc
				Estimated uncrystallised† value (£) (if applicable)					
If both uncrystallised and crystallised pe for you for your uncrystallised funds and parts will be held under the same plan.									
Is the full value of the scheme Yes being transferred?		No		Are any assets to be re-registered†† into the	he	Yes	\bigcirc	No	\bigcirc
If 'no', please indicate the value to				SIPP as part of an in-specie transfer val	lue?				
be transferred as a percentage or an amount:				If it's not possible to re-register my existin investments, please a for these to be sold at	arrange				
				transferred in cash:		Yes	\bigcirc	No	\bigcirc
†The part of the fund you've drawn benefits on is ††Any re-registration of investments into your We investments being available on the Wealthtime So can get from your existing pension provider. Alter provider is also a user of this service then we wor	ealthtime S elect funds rnatively, W	Select S s list. S Vealtht	SIPP will Some pro time is a	I be subject to your existing poviders may ask you to compuser of the Origo Options Tr	provider allo	wing this ty vn discharg	pe of trar ge forms,v	nsfer and which yo	d your ou
The Financial Conduct Authority wish to their pension plans from one provider to provider. If you are interested, the source	another,	, espe	ecially i	if you are thinking of tak	king pensi	on benefi	ts with a	a new	ĵ.
The guidance notes ask us to formally ac sponsored organisation Pension Wise wh pensions options.									nt
You can book an appointment yourself b https://www.moneyhelper.org.uk/en/pen					online book	king form	; their w	vebsite	is
Alternatively, you can ask us to book the receiving this free guidance.	appointr	ment	on you	ır behalf. However, you	have the o	option to	formall <u>v</u>	y opt o	ut of
Please tick the most appropriate box:									
I have received regulated advice fr happy to formally request the tran need for further guidance					Any other	reason –	Please	explair 	1.
I have not received financial advice with Pensions Wise and let you know appointment									
Please book an appointment with contact you directly to arrange a s book this appointment on my beha	uitable ti								



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 Select 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 and any other provider that transferred to them,, 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 Select 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 Select 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)				

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.

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