



Transferring Scheme Authority

This form can be used to transfer your pension to Wealthtime. You will need to obtain a discharge form from each scheme that you're transferring. You can complete this form digitally. Please upload the completed document in **Adviser Zone** and send it to us via secure email. If you don't have access to our selected electronic signature providers, please sign the declaration on page three using a blue or black pen and scan the form before sending it to us by secure email. Alternatively, you can send the form by post to **Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.**

Investor Details

☐ Mr
 ☐ Mrs
 ☐ Miss
 ☐ Other (please state)

Surname:

Forename(s):

National Insurance number (if known):

If you don't provide your correct National Insurance number it may mean that we can't collect tax relief on your pension contributions.

Product Wrapper number:

Date of birth (dd/mm/yyyy):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street number/building name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Notes

Please use this space to provide any additional notes or information; please do not use a separate cover letter for key information.

2. Details of your Existing Plan Manager

Plan to be transferred – account number:

Ceding scheme name:

Street number/building name:

Street name: District:

Town/city: County:

Country: Postcode:

3. Details of Transfer

☐ Tick here if this is a partial transfer

Estimated transfer amount: £ ☐ Tick here if this is a Pension Credit

£ (crystallised) £ (uncrystallised)

For block transfers only

Protected pension age: Protected tax-free cash amount: £

4. Declaration

- I authorise, instruct, and apply to the existing scheme provider to transfer sums and assets from the plan as listed in section two above and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise Wealthtime (a trading name of Novia Financial plc), the existing scheme 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 Wealthtime.
- I accept that in order to comply with regulatory obligations, Wealthtime and the existing scheme 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, Wealthtime's responsibility is limited to the return of the total payment(s) to the existing scheme provider.
- When payment is made to Wealthtime as instructed, this means that I will no longer be entitled to receive pension benefits from the whole of the plan(s) listed in section two 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 and the existing scheme 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.
- If I have taken benefits from any pension arrangement, with the current or any other pension provider, in away which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in my application.

4. Declaration (Continued)

- I understand that if I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment.
- If I sign this declaration by electronic signature, I confirm that this method of signature is my agreement to be bound as if signed by my manuscript signature.

Signatory name
(please print):

Date (dd/mm/yyyy):

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Investor's signature:

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

Wealthtime is a trading name of Novia Financial plc. Novia Financial plc is a private limited company registered in England and Wales. No. 06467886. Registered office: Royal Mead, Railway Place, Bath, BA1 1SR. Novia Financial plc is authorised and regulated by the Financial Conduct Authority. FCA Number 481600.