



YORSIPP

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.			

Transfer Details

Complete for a Full Transfer:

Estimated total transfer value	£
of which represents Uncrystallised Funds	£
of which represents Crystallised Funds	£

Complete for a Partial Transfer:

Exact value to be transferred	£
of which represents Uncrystallised Funds	£
of which represents Crystallised 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 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/>

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

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.)

Where you have indicated the transfer includes Drawdown funds, either in Capped or Flexi-Access Drawdown, please answer one of the following statements and refer to our Information Sheet on Investment Pathways:

STATEMENT 1:

By ticking this box, I confirm I have received a personal recommendation from a regulated financial adviser, as to how to invest the funds in my pension, prior to applying to transfer my Capped or Flexi Access Drawdown arrangement(s): ☐

If you have ticked this box then please ensure your financial adviser has completed the Adviser Declaration.

Adviser Declaration

I have advised the member on the transfer

☐ Yes

☐ No

I have made a personal recommendation as to how the member should invest the funds in the pension, prior to this Transfer in Drawdown application

☐ Yes

☐ No

Adviser name

Firm name and address

Signature:

	FCA No:	
	Date	

If you have not consulted your financial adviser or sought guidance from Pension Wise, we strongly suggest you do so before proceeding.

If your adviser has completed the above declaration then please ignore Statement 2 and the 3 Options relating to Statement 2

STATEMENT 2:

By ticking this box, I confirm I have **NOT** received a personal recommendation from a regulated financial adviser, as to how to invest the funds in my pension, prior to applying to transfer my Capped or Flexi Access Drawdown arrangement(s): ☐

If you have ticked Statement 2, then you should also decide from one of the following 3 Options. Please note that Yorsipp cannot provide advice as to what option you should choose and if you are in any doubt, please seek financial advice or seek guidance from Pension Wise before proceeding any further.

OPTION 1

I wish to use **Investment Pathways** ☐

I have chosen this option because I have one of the following objectives:

- Objective 1: I have no plans to touch my money in the next 5 years ☐
- Objective 2: I plan to use my money to set up a guaranteed income (annuity) within the next 5 years ☐
- Objective 3: I plan to start taking my money as a long-term income within the next 5 years ☐
- Objective 4: I plan to take out all my money within the next 5 years ☐

OR

OPTION 2

I will select investments without using the Investment Pathways option ☐

OR

OPTION 3

I wish to remain invested in my current arrangements within my existing pension ☐

PLEASE NOTE THAT YORSIPP DO NOT OFFER THE INVESTMENT PATHWAYS SERVICE AND THEREFORE IF YOU HAVE TICKED OPTION 1, WE WILL BE UNABLE TO PROCESS YOUR TRANSFER IN DRAWDOWN REQUEST. INSTEAD YOU WILL NEED TO SEEK ASSISTANCE FROM THE MONEY & PENSION SERVICE COMPARATOR TOOL WHICH WILL ASSIST YOU IN MOVING TO AN ALTERNATIVE PROVIDER THAT CAN ASSIST WITH YOUR NEEDS.

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

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 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)

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.

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	<input type="text"/>
Individual Protection 2016	<input type="checkbox"/>	HMRC Reference	<input type="text"/>

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, 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 Yorsipp (Trustees) Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise Yorsipp (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 Yorsipp (Trustees) Limited.

I accept that in order to comply with regulatory obligations, Yorsipp (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, Yorsipp (Trustees) Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).

When payment is made to Yorsipp (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 Yorsipp (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.

Member's Signature

Date



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Yorsipp is a trading style of Yorsipp Limited (05743279) and its subsidiaries Astute Pension Trustees Limited (08696449) and Primetime Trustees Limited (09716098) along with its associated company Yorsipp (Trustees) Limited (04242849), all registered at c/o Calvert Dawson Limited, 288 Oxford Road, Gomersal, Cleckheaton BD19 4PY.

Yorsipp Limited is authorised and regulated by the Financial Conduct Authority (464198).

All calls are recorded for quality, monitoring, training and fact verification purposes.