

## SIPP Transfer In Form

If you wish to transfer your entitlement to benefits from another pension scheme to the Wealthtime Self-Invested Personal Pension Plan (SIPP) administered by Wealthtime Limited, please fill out the following section	I confirm I've received advice in connection with this transfer.  Adviser name					
For all pension transfers, whatever the value, we require you to obtain advice recommending the transfer from an Adviser qualified to advise on such transfers in accordance with the requirements of the Financial Conduct Authority.	Adviser firm name					
A copy of this advice may need to be supplied to Wealthtime Classic.	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 PSTR number (if known)	Contact name					
Is the transfer subject to any:  Existing or proposed trustee in bankruptcy orders  Earmarking or pension sharing orders  Other legal orders	Is the transfer payment from an arrangement where you are not an original member?  Yes No If 'yes', is the transfer:					
Yes No L	A pension credit? Yes No					
If 'yes', please attach a copy of the document.  Does the transfer include a protected pension age?  Yes No	If 'yes', is there a pension commencement lump sum available?  Yes No					
If 'yes', please confirm pension age:	A dependant or nominee pension? Yes No					



The funds being transferred are:								
Fully crystallised			Estimated crystallised† valu	۵۱۱۵				
			(£) (if applicable)					
Partially crystallised			Please Classic	0.000	. $\square$			
Uncrystallised			drawdown type:	Capp	oed	Flexi-a	iccess	
ono. jotamood			Estimated					
			uncrystallised† v (£) (if applicable)					
If both uncrystallised and crystallise for you for your uncrystallised fund parts will be held under the same pl	ls and an Income T	Transfer	Plan (ITP) arrange					
Is the full value of the scheme	V No.		Are any assets to					
being transferred?	Yes No		re-registered†† into the SIPP as part of an					
If 'no', please indicate the value to			in-specie transfe		Yes		No	
be transferred as a percentage or an amount:			If it's not possible					
			re-register any o investments, ple	ease arrange	_			
			for these to be so transferred in ca		Yes		No	
†The part of the fund from which you've dra on is the uncrystallised part. ††Any re-registration of investments into you investments being available on the Wealtht can get from your existing pension provider pension provider is also a user of this service. The Financial Conduct Authority wi	our Wealthtime SIPP wime Classic Funds Lis r. Alternatively, Wealth ce, they won't require a sh to ensure that a	will be sub st. Some p ntime Clas a complet all client	ject to your existing providers may ask you sic is a user of the Oried discharge form.	rovider allowing to complete to the complete to the complete to the complete to the complete the	ng this type of to their own discha ransfer Service, nsequences	ransfer a arge form and if yo of tran	and your ms, which our existi	n you ing
their pension plans from one provid provider. The source legislation was						ts with	a new	
The guidance notes ask us to forma sponsored organisation, Pension Wipension options.								
You can book an appointment yours https://www.moneyhelper.org.uk/er		_		their online	booking forr	n; thei	r websit	te is
Alternatively, you can ask us to boo receiving this free guidance.	k the appointment	t on you	r behalf. However	r, you have t	the option to	formal	ly opt o	ut of
Please tick the most appropriate bo	ox:							
I have received regulated adv to formally request the transf further guidance				Any ot	her reason –	Please	explair	n.
I have not received financial a with Pensions Wise and let yo appointment								
Please book an appointment contact you directly to arrang book this appointment on my	ge a suitable time a							



## 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 Pension Plan, and to provide any instructions and/or discharge required by any relevant third party to do so.

I also authorise Wealthtime Classic, the current provider and any other provider that transferred to them, any contributing employer and any 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 Pension Plan.

I accept that in order to comply with regulatory obligations, Wealthtime Classic 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 Classic'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 Pension Plan 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 Classic 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)				