

## 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	I confirm I've received advice in connection with this transfer.					
by Wealthtime Limited, please fill out the following sections  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	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† value			
		(£) (if applicable)			
Partially crystallised		Please select		E	
Uncrystallised		drawdown type:	Capped	Flexi-access	
onor jotalisea		Estimated			
		uncrystallised† value (£) (if applicable)			
If both uncrystallised and crystallised pensior for you for your uncrystallised funds and an Ir parts will be held under the same plan, in the	ncome Transfer	Plan (ITP) arrangeme			
Is the full value of the scheme being transferred?	No	Are any assets to be re-registered†† into t	:he		
If 'no', please indicate the value to		SIPP as part of an in-specie transfer va	alue? Yes	No	
be transferred as a percentage or an amount:		If it's not possible to re-register any of my investments, please	y existing		
		for these to be sold a transferred in cash:	and Yes	No	
on is the uncrystallised part.  ††Any re-registration of investments into your Wealthtin investments being available on the Wealthtime Classic I can get from your existing pension provider. Alternative pension provider is also a user of this service, they won'	Funds List. Some p ly, Wealthtime Clas	providers may ask you to co ssic is a user of the Origo O	mplete their own disch	arge forms, which	-
The Financial Conduct Authority wish to ensu their pension plans from one provider to anotl provider. The source legislation was the Finan	her, especially i	f you are thinking of ta	king pension bene		3
The guidance notes ask us to formally advise sponsored organisation, <b>Pension Wise</b> , who pr pension options.					
You can book an appointment yourself by tele https://www.moneyhelper.org.uk/en/pensions	_	_	r online booking for	m; their websit	te is
Alternatively, you can ask us to book the apporeceiving this free guidance.	intment on you	ır behalf. However, you	u have the option to	formally opt o	ut of
Please tick the most appropriate box:					
I have received regulated advice from a to formally request the transfer to take planther guidance			Any other reason -	- Please explaii	า.
I have not received financial advice and with Pensions Wise and let you know the appointment					
Please book an appointment with Pensi contact you directly to arrange a suitable book this appointment on my behalf					



## 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)				