

# Transfer out request form

Providing Pension Trustee & Administration Services for Self-Administered Pensions

1. Personal details			
Title Mrs			
Forename(s) AN	NETTE		
Surname	MORRIS		
Address 54 L	ONTHO	= 0 4111	
FUREST HI	1	2010001	
	E23 (PY		
	+ 07/196		
National Insurance Number	W L 98	3000B	
2. Receiving Scheme de	taile.		
Receiving scheme name			
Scheme number			
Receiving scheme address			
Postcode			
Is the transfer to a		☐ A registered UK Pension	Schomo
		☐ Non UK Pension Schem	
If the transfer is to a Non UK please complete section 3	Pension Scheme	L Non OK Pension Schem	ic.
3. QROPS			
If you wish to transfer to defined by H M Revenue confirm the scheme has	& Customs (HMRC)	under Chapter 4 of the F	inance Act 2004, please
transfers of Uncrystallised	and Crystallised fund	ls □ Yes □ No	
if yes please complete the	information below. It	no the transfer cannot pr	roceed.
	Name of Administrato		
Name of Pension Scheme	Name of Administrate	or Benefits taken	% of lifetime alfowance
	1		
4. Transfer out entires			
<ol> <li>Transfer out options</li> <li>Do you wish to transfer you</li> </ol>			
☐ Yes (Please complete	section 5)	o (Please complete section	n 6)
	a only consist of func	ls which are not being us	. 4 4

5. Full Transfer out		
It is possible to transfer investments 'in- and the investment does not need to be Do you wish to transfer your investment	sold).	scheme becomes the owner
Yes  All investments		
Yes ☐ Some investments (specify below)		
No. 🖸		
Name & Description of Investment (Fund & Units)	Ref/Policy number	Value
6. Partial Transfer out		
Amount to be transferred to receiving scl	heme	
£		
Yes  All investments  Yes  Some investments (specify below)	in-specie (if possible)?	
Name & Description of Investment (Fund & Units)	Ref/Policy number	Value
7. Cash in Bank Please confirm how you wish the cash in receiving scheme.	in your SIPP bank account  CHAPS (Same day - B	
☐ BACS (3 day transfer no charge)  Note: Cash will only be transferred once registered or sold.		
Cash will be transferred by BACS if no o	ption is selected.	

8. Property	
The state of the s	me please confirm whether you wish this to be
☐ Transferred ☐ So	ald
Li transierred Li Sc	oid
Details of solicitor dealing with the	Sale / Transfer
Name	
Address	
Telephone Number	Fax Number
Email address	
Details of purchaser and their solic	idor
Purchaser Name	
Address	
Telephone Number	Fax Number
Email address	Service and the service and th
Solicitor Name	
Address	
Telephone Number	Fax Number
Email address	
<b>*</b>	
9. Pension Income	
Please confirm whether you wish transfer is being processed	to continue drawing an income from your scheme whilst the
☐ Yes ☐ No	
it can sometimes take several w transferred in-specie or if your sch	reeks/months to complete a transfer if investments are being eme has a property.
If you wish to continue taking an funds until the next income payme	income please note that we may not be able to transfer your ont has been made.

## Transfer Out Surrender Request

Please complete for each investment, Stockbroker or Bank Account within the scheme.

Please be advised that I wish to transfer to:

Receiving Scheme details		
Company name		
Address		
Please accept this as my authority to encathe above company.	ish □ or transfer in specie □	the following investments to
Please encash the following		
Name & Description of Investment (Fund & Units)	Ref/Policy number	Value £
•		
Please transfer the following in-specie		
	DeffDelies assets a	Web
Name & Description of Investment (Fund & Units)	Ref/Policy number	Value
No. of the state o		
Register investments as:		
SIPP Account details for encashment (please		i transfers)
Account name ANNETT	E Morris	
Account number 15310790	Sort Code	16 00 79
Blanco angura that ALL investment navments	including any futura navmanta d	luo ara naid
Please ensure that ALL investment payments	including any luture payments of	
Member Trustee Signature	Manil	Date 10 9/13
Guardian Pension	1-11mil	Date
Trustees Signature		

#### 10. Declaration

I confirm that I wish to transfer my pension to the company named in section 1. of this form,

#### I confirm that:

- 1) The statements included on this form are true and complete.
- I understand that payment of the transfer will fully discharge the liabilities of Guardian Pension Consultants Ltd and Guardian Pension Trustees Ltd to me and my dependants in respect of my membership of the SIPP.
- On transfer Guardian Pension Consultants Ltd are no longer responsible for the payment of pension benefits to me.
- 4) I am not entitled to a refund of any fees. A transfer out fee as detailed in the latest fee schedule will be deducted from my SIPP account.
- 5) I authorise Guardian Pension Consultants Ltd to arrange for the closure of my SIPP bank account with Royal Bank of Scotland / Cater Allen and to transfer the remaining balance plus interest to date to my new provider once all assets have been transferred / sold.
- In the event of a Partial Transfer Out, I authorise Royal Bank of Scotland / Cater Allen to release the amount quoted in section 6, from my SIPP Bank Account.

  Account number \_\_\_\_\_\_ Sort Code \_\_\_\_\_\_
- Tauthorise Guardian Pension Consultants Ltd to release details regarding my scheme to the receiving scheme.

Member Trustee Signature	A. Man 3	Date	10	9	13
Guardian Pension Trustees Signature	Ca rauce	Date			

It is an offence to make false statements and can result in severe penalties and prosecution

The Guardian SIPP product is provided by Guardian Pension Consultants Ltd, which has appointed Guardian Pension Trustees Ltd as trustee. Administration of the SIPP is carried out by Guardian Pension Consultants Ltd who are regulated and authorised by the Financial Conduct Authority under firm reference number 463717 and you can check this authorisation at <a href="https://www.fca.gov.uk/register">www.fca.gov.uk/register</a> or by calling the FCA on 0800 111 6768.

www.guardianpc.co.uk

### Receiving Scheme Declaration and Warranty

Receiving scheme details
Member Name
Receiving Scheme Name
Contact name
Receiving scheme address
Postcode
Telephone number
Email Address
Rension Scheme Tax Reference Number
ASCON
Your Scheme reference number
□ We confirm that our scheme is a registered Pension Scheme in accordance with Chapter 4 of the Finance Act 2004 and is able to accept transfers of Crystallised and Uncrystallised funds.  □ We confirm that a our scheme is a Qualifying Recognised Overseas Pension Scheme (QROPS) as defined by H M Revenue & Customs under Chapter 4 of the Finance Act 2004 and has satisfied H M Revenue & Customs requirements in this respect and is also able to accept Crystallised and Uncrystallised funds.  (Please provide a copy of the letter from HM Revenue & Customs confirming the recognised status of the scheme)  □ Other  Please confirm whether your scheme cannot accept any of the following:  □ In specie transfer of property  □ Pre A-Day (6/4/06) Borrowings  □ Protected Rights  □ In Specie Transfer of Unquoted Shares
Cash transfer payment details
ACCOUNT Name ANNETTE MORRIS PENSION SCHEME
Account number 33130254 Sort Code 60 95 31
CHYRCH HOUSE TRUST, 3 GOLDCROFT
YEOVIL, SOMERSET Postcode BAZI 40Q

### Receiving scheme details In Specie transfer details

	ed
First Name investment to be registe Name	ered to
Address	
Postcode	
Second Name investment to be regi	istered to
Name	
Address	
Postcode	
	noulades the statements included on this face on tors
enefits for or in respect of the men We agree that Guardian Pension	ceipt and acceptance of the transfer it will be applied to prove the neceiving scheme.  Consultants Ltd may contact H M Revenue & Customs either a registered Pension Scheme or a QROPS that h
complete. We confirm that upon reconnected to the mention of the mention agree that Guardian Pension confirmation that our scheme is a	ceipt and acceptance of the transfer it will be applied to province under the receiving scheme.  Consultants Ltd may contact H M Revenue & Customs either a registered Pension Scheme or a QROPS that hequirements.
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