## Vantage SIPP

## **Transfer Out Form**

Part A - You should complete this part first



02.13 (2)

1. Your Details				
Title(Mr/Mrs /Miss/etc) MR Surnam	e EVANS		Full forenames	6
National National	8247	0.0		3808
Insurance no.	Date of O	00	HL Client No.	20.0
BR3 5LL	birth 28	105/1953	108~	70 08
2. Details of your new p	ension scheme			
Scheme name		Type of pension		Policy number (if known)
Name and address of scheme administrator	PROPERTY AND A STATE OF THE PROPERTY AND AND AND AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY A			1 (1886) - 1 (1886) -
		and provide the design of the second of the	NATIONAL PROPERTY OF THE PROPE	Postcode
			TO STORAGE STORE OF THE TAXABLE PROPERTY.	
3. Fund to be transferre	ed Sala			
William Control				
Would you like the full fund to be	transferred? Yes	No		
If no, please indicate the portio	n of the fund to be trans	sferred:	% OR	£
Harry should your found be because	2			
How should your fund be trans	leneur			
Cash				
0	f certain assets. Any h	oldinas which cannot b	e transferred in specie v	or may decline an 'in specie' transfer will be sold and transferred as cash. nis application will be transferred as cash.
Important Note: It is your responses return your cheque with the		is sufficient cash to pay a	ny transfer-out fees. If you	prefer to pay any transfer-out fees by cheque,
If you wish to transfer only part of is to be a cash transfer).	of your fund, you must sp	pecify the assets to be tra	nsferred (for an 'in specie'	transfer) or ensure there is sufficient cash (if it
Income Drawdown Transfers - I your income drawdown plan plea	HMRC regulations permit se contact us before pro	t the transfer of full incomceeding.	e drawdown arrangements	s only. If you would like to transfer out part of
Declaration				
I confirm that I wish to trans Pension Scheme shown above the scheme administrator na	. I authorise Hargreaves L	ansdown to provide	12 months, I understand I	centive from Hargreaves Lansdown in the past must reimburse Hargreaves Lansdown for the dance with the original cash offer terms. I have

- require in respect of this transfer.
- For cash transfers, please accept this instruction to sell any assets currently held within my HL Vantage SIPP including, where applicable, those held within the HL Group SIPP and the HL Portfolio Management Service (PMS). The proceeds should be transferred to the scheme detailed above.
- If I have requested a full transfer I understand that all regular payments being made to my SIPP will be cancelled on receipt of this form unless I have given written instructions to the contrary. Please accept this as my authority to contact my employer to cancel these contributions where applicable.
- I understand a transfer fee of £75, or £250 for a transfer to an Overseas Pension Scheme, will be deducted from the fund value before it is transferred.

- enclosed a cheque for the amount due with this form.
- I understand I have not received and will not receive any advice from Hargreaves Lansdown regarding any aspect of this transfer, unless that aspect is covered under a separate agreement for individual advice from a Hargreaves Lansdown Financial Practitioner.
- I confirm that the information provided above is to the best of my knowledge true and complete.

I confirm that the payment made and/or assets transferred (as appropriate) shall constitute a full and final discharge in respect of this portion of my HL Vantage SIPP (as specified above), and that I shall have no further claim against Hargreaves Lansdown in respect of this portion.

Signature X	Vivans	Date	21	111/2018

## PART B - This section will be completed by your new pension provider

Your Details	The light of the light				
Scheme name		Company name			
Name and address of Scheme Administrator					
hone number	Conatact name	o tauring author of the first o			
cheme type (please tick as app	ropriate)				
	fer: 100% Cash/Wholly or Partly in sp	ecie (Please provide sto	ckbroker details sep	arately for	in specie)
	que may only be payable to the sche				
	t possible for a scheme formerly appi xes Act 1988 to accept a transfer from		nuity contract under	Chapter 3	Part 14
	<b>buy out -</b> For this option, by signing the ry out long term business in the UK.	ne declaration you are al	so confirming that y	ou are an i	insurance
	a Benefit Crystallisation Event there w vance Charge to be deducted prior to		to be completed to	ascertain v	vhether or
Other - Please specify the n	ature of your scheme:		CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR AND CON		
SCN (if applicable)  lease indicate your preferred pa  ectronic Transfer  lease provide bank details:	yment type:				
ccount name	Account number		Sort code		
ame and address bank branch					
no que de riverdura de um utilidad de riverda de una de composidad e como estre um que rique de executiva en 16 in	Postcode		Policy number (if known)		on Personal and Control of the Section of the Secti
neque	Please provide payee details:				
ansferred will be applied to provide scheme administrator of the HL ignature	ove information is true and complete and e benefits consistent with the legislation of Vantage SIPP with information relating to	overing Registered Pension	Schemes. We give pe of our scheme.	r. We confirn	n that the funds HMRC to provid
osition			Date	1	1
eding Scheme Details  ull Name: HL Vantage SIPP  cheme Type: Self Invested Person  ension Scheme Tax Reference (P	nal Pension <i>Deemed as registered by vi</i> P <b>STR):</b> 00616238RC	rtue of paragraph 1(1) of	Schedule 36 of the	Finance Ac	t 2004.