

SSAS TRANSFER-IN REQUEST FORM

Please complete Parts A and B of this Transfer-In Request Form if you want to transfer benefits from another pension scheme into your SSAS. We will then send the form to the operator or trustee of the transferring scheme for completion of Part C.

If you wish to transfer from more than one scheme, please complete a separate Transfer-In Request Form for each one.

Please carefully read the notes at the end of this form.

Please complete this form in BLOCK CAPITALS and return it to Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD.

PART A PERSONAL DETAILS

Title:

Forename(s):

Surname:

Address:

Postcode:

Date of birth:

National Insurance number:

Telephone:

Email:

[SSAS reference number:]

PART B

DETAILS OF THE TRANSFER REQUEST (to be completed by the member where known)

- 1 Name of transferring scheme:
- 2 Name of transferring scheme operator/trustee:
- 3 Address of transferring scheme operator/trustee:
- 4 Your Policy/Account Number (if applicable):
- 5 Pension Scheme Tax Reference Number (if known):
- 6 Please confirm the nature of the transferring scheme as follows:

(a) occupational pension scheme or a personal pension scheme

Occupational pension []
Personal pension scheme []
Don't know []

(b) defined benefit scheme or defined contribution scheme

Defined benefit scheme []
Defined contribution scheme []
Don't know []

(c) UK registered pension scheme or recognised overseas pension scheme

UK registered pension scheme []
Recognised overseas pension scheme []
Don't know []

7 Are any of your benefits in payment in the scheme?

Yes []
No []

8 Is the Scheme contracted-out?

Yes [] If 'YES' go to question 9
No [] If 'NO' go to question 11
Don't know []

9 Is the guaranteed minimum pension in payment?

Yes []
No []
Don't know []

10 Do you wish to transfer guaranteed minimum pension from the scheme to your SSAS?

Yes []
No []
Don't know []

11 Do you want to transfer assets in-specie?

Yes []
No []

12 If 'YES' please provide a list of the assets and the approximate value of each below. Please attach additional sheets if necessary.

ASSET	VALUE

13 Are your benefits in the scheme subject to a pensions sharing or earmarking order?

Yes ☐

No ☐

Are your benefits in the scheme subject to any lump sum or pension age protection?

Yes ☐


No ☐

MEMBER DECLARATION:

- 1 I confirm that I wish to transfer the value of my entitlement to benefits under the above pension scheme to my SSAS and I consent to the SSAS trustee and the SSAS administrator requesting such a transfer on my behalf.
- 2 I authorise the operator and/or trustee of the above pension scheme to provide such information to the SSAS trustee and the SSAS administrator as it may request in relation to my membership of the above pension scheme.
- 3 I understand that transfers into the SSAS are at the discretion of the SSAS trustee and the SSAS administrator and that the completion of this form does not guarantee that the proposed transfer will be accepted.
- 4 I understand that I may lose tax protections relating to lump sum rights, early retirement ages and/or the lifetime allowance that apply under the above pension scheme if the transfer does not meet conditions set out in legislation.
- 5 I confirm and accept that the services provided by the SSAS administrator in relation to this Transfer-In Request Form do not amount to investment or financial advice and that I am responsible for any financial decisions relating to my SSAS fund.
- 6 I agree to the SSAS trustee and the SSAS administrator processing personal information about me for the purposes of the transfer that I have requested in this Transfer-In Request Form. I acknowledge that this might include sensitive information e.g. about my physical or mental health. I agree to personal information about me being disclosed to other companies within the SSAS administrator's group and also to any third parties where this is necessary in connection with the running of my SSAS e.g. HM Revenue & Customs or the Pensions Regulator.

The SSAS trustee and the SSAS administrator will process your personal data in accordance with the Data Protection Act 1998. You have a right under this legislation to access information held or processed by the SSAS trustee and the SSAS administrator's group about you. The SSAS administrator reserves the right to charge a fee for providing the information under any such access request.

- 7 I understand that it may be a serious offence to make false statements in relation to some of the information in this Transfer-In Request Form, the penalties for which can be severe and may lead to prosecution.

Member Name	
Signature	
Date	14 / 5 / 2014.

If you have any queries regarding this Transfer-In Request Form, please contact us on:

Pension Practitioner .Com

Daws House

33-35 Daws Lane

London NW7 4SD

08006344862

info@pensionpractitioner.com

PART C

DETAILS OF THE TRANSFERRING SCHEME (TO BE COMPLETED BY TRANSFERRING SCHEME OPERATOR/TRUSTEE)

Are the details provided by the member in Part B correct and complete?

Yes ☐
No ☐

If 'NO' please use the box below to give the correct details. Please attach additional sheets if necessary.

Please confirm that the transferring scheme is (tick one):

- ☐ A registered pension scheme under Chapter 2 of the Finance Act 2004
- ☐ A qualifying recognised overseas pension scheme for the purposes of section 169 of the Finance Act 2004
- ☐ Other arrangement - Please give details.

TRANSFERRING SCHEME OPERATOR/TRUSTEE DECLARATION

I confirm for and on behalf of the operator/trustees of the transferring scheme as set out in Part B of this Transfer-In Request Form that the information provided in Part C is, to the best of our knowledge, correct and complete.

Name	
Signature	
Date	