

Transfer Out Form

MEMBER REF (Office use only):

Beware of Pension Scams

Falling foul of a scam could mean you lose some or all of your money. See pension-scams.com or fca.org.uk/scamsmart or visit our website at www.embarkpensions.co.uk for more information.

Cavid-10

Regrettably in times like this, scams and frauds appear which are often both sophisticated and seek to exploit you. Watch out for scams related to the Coronavirus (Covid-19). These scams take many forms and could be about pension transfers and / or high-return investment opportunities. They may also involve claims to release your pension monies to pay the bills that have been created by Covid-19.

Beware of investments / opportunities that appear to be too good to be true – they usually are, and you could lose all your money. If your pension transfer request has come from one of the following please inform us immediately:

- an offer out of the blue ie you have had no previous contact with this person or organisation;
- originally came from an advert on social media or a paid for / sponsored advert online;
- originally from an email from a sender you do not already know;
- you feel pressured or hurried into making this decision to transfer;
- a firm cold called you; or
- you have given personal details out over email or in a phone call without first verifying who the caller was or who sent the email.

Further information can be found on: www.fca.org.uk/consumers/coronavirus-covid-19

Pension Wise

Signature:

You are also entitled to free, impartial advice on your options from the Government Service Pension Wise. Pension Wise provides assistance and details of the options available to you in respect of your pension savings. You can access this online at www.pensionwise.gov.uk, over the telephone on 0800 138 3944, or face to face through the Citizens Advice Bureau.

Pension Wise should not be seen as a substitute for full regulated advice.

PART A (TO BE COMPLETED BY YOU)

Name: Nationa	l Insurance Number:				
Address:			Postcode:		
Account Number:					
Have you received independent financial advice to transfer your pension of yes, please provide details of your Financial Adviser in part B.	n?	Yes	No		
TRANSITIONAL OR FIXED PROTECTION:					
We recommend that you seek independent financial advice before com	pleting this section.				
Have you registered for enhanced, primary or fixed protection with HMRC? If yes, please send us a copy of the HMRC certificate.		Yes	No		
Do you have a protected pension age (i.e. you are entitled to take benefits before age 55)?		Yes	No		
If yes, what is the protected pension age:					
MEMBER DECLARATION:					
Type of transfer: Full Partial if this is a partia	l transfer please confirm am	ount:			
If this is a full transfer please wind up the above plan and transfer the benefits arising to the scheme detailed below. I confirm that your compliance with this request shall be a full discharge of the liability of EBS Pensions Limited, trading as Embark Pensions and Embark Pensions Trustees Limited in respect of the above plan.					
Please encash all investments and transfer out in cash.					
Please transfer selected investments in specie; any cash on the Metro Bank account(s) will also be transferred to the Receiving Scheme.					
Signature:	(Member) Date:				
Signature:	(Authorised Signatory, Emb	ark Pensions)			

(Authorised Signatory, Embark Pensions)



Signature:

We're always looking to improve our service therefore please let us know the reason for your transfer out.						
Change of Financial Adviser	Investment Choice	Service				
Fees	Other					
If other, please provide details.						
Any additional comments you would like to a	dd?					
PART B (TO BE COMPLETED BY YO	OUR FINANCIAL ADVISER)					
Please complete this form if you are a Financia EBS Pensions Limited, trading as Embark Pens		d applicant on t	ransferring the	ir pension scheme from		
Title: Forename(s):		Surname:				
Address:				Postcode:		
Name of Firm:	FCA Registration	on Number:				
I confirm in respect of the enclosed transfer for	rom the Embark Pensions scheme that:					
I am appropriately qualified and approved by the above firm to provide financial advice.		ce.	Yes	No		
I have provided the above named applicant with advice in respect of this transfer.			Yes	No		
I have recommended the applicant proceed with this transfer.		Yes	No			
The client will be investing in standard assets by the FCA standard asset criteria (IPRUINV 5			Yes	No		
I have completed due diligence on the receiv	ring scheme.	,	Yes	No		
No unregulated entities are involved in the re	ecommendation or facilitation of this trans	sfer.	Yes	No		

Date:



PART C (TO BE COMPLETED BY RECEIVING SCHEME)

Receiving Scheme/Insurer/Policy No:				
Address/Postcode of Scheme/Provider:				
Is the Scheme a Registered Pension Scheme under Chapter II Part IV of the Final If No, the transfer cannot go ahead unless an annuity is being purchased.	Yes	No		
HM Revenue & Customs Reference Number:				
Contracting Out reference (ie ASCON/SCON/ECON/ASCN):				
Companies House No:	CA Registration No:			
Please provide a copy of your HMRC PSTR Certificate, and a dated print out of	your HMRC registration details	i.		
Please tick the appropriate box describing the type of Receiving Scheme:				
Fully invested in insurance policies with the provider named above	Defined Benefit Scheme			
Small Self Administered Scheme (SSAS)	Annuity Provider			
Self-Invested Personal Pension (SIPP)	Qualifying Recognised Overseas Pension Scheme			
Payment Instructions (tick as appropriate):				
Payee:				
By BACS (subject to a charge): By immediate transfer e.g. CHAPS (su	bject to a charge):			
Bank:				
Address:		Postcode:		
Sort Code:				
Account Name:				
Account Number:		Ref:		



DECLARATION BY RECEIVING SCHEME:

I confirm that the above information is correct and agree to the transfer of benefits. I authorise HM Revenue & Customs (HMRC) to confirm, or otherwise, to Embark Pensions that the Receiving Scheme is a Registered Scheme.

Signature:

Ensort

Position: Administrator

Name (in capitals):

EMILY McALISTER

Date: 16.05.22



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