

SIPP Reference: 32722

MEMBER'S REQUEST TO TRANSFER FROM THE IPS PENSION BUILDER – A R Whitmore

This form should only be used for transfers to other pension providers. For Purchases of an annuity please complete the Annuity Open Market Option Form.

I hereby authorise and request the Trustees of the Scheme to pay the sum of £~~70,000~~ / the full fund ("the Transfer Value") to:

SEVEN HUNDRED AND NINE THOUSAND POUNDS ONLY

which will provide benefits in lieu of my benefits under the Scheme

New Trustee/Provider Name: PENSION PRACTITIONER.COM

Address: DAN'S HOUSE, 33 - 35 DAN'S LANE
LONDON NW7 4SD

Member's Name: ANDREW ROBERT WHITEMORE

National Insurance Number: WL219844A

The transfer is to be made (please tick): in cash ☒ in specie ☒

The cash transfer is to be made by (please tick): BACs ☒ CHAPs* ☐ Cheque ☐

*If the payment is made by CHAPs there is an additional cost of £20 for this service

I accept and acknowledge that:

1. Payment of the Transfer Value will be in lieu of the benefits payable in respect of my membership of the Scheme.
2. The benefits provided by the Transfer Value may be in a different form and of a different amount from those which would have been payable under the provisions of the Scheme.
3. After such payment, neither I nor my spouse or dependants will have any further entitlement under the above arrangement.
4. If the transfer is to an overseas scheme, I acknowledge the receiving scheme may not be regulated in the UK and there may be no obligation under its law to provide any particular value or benefit in return for the transfer payment.
5. I confirm that I have read the enclosed leaflet entitled "Scamproof your savings" produced by the Pensions Regulator.

In consideration of the payment of the Transfer Value I hereby release the Trustees of the Scheme from all liability to provide benefits for or in respect of my membership of the Scheme.

**There are potential negative tax consequences of cashing in your pension early – you could face a tax bill of more than half your pension scheme.
DO NOT sign this form unless you are certain that you fully understand the consequences of making the transfer**

Signed: 

Date: 03/10/16

REQUEST TO TRANSFER FROM THE IPS PENSION BUILDER – A R Whitemore

RECEIVING SCHEME DECLARATION

DETAILS

Name of Scheme:("the Receiving Scheme")

Provider:

Pension Scheme Tax Reference:

DECLARATION

- I confirm that the Receiving Scheme is permitted to receive the transfer from the IPS Pension Builder – A R Whitemore
- I confirm that the Receiving Scheme is one of the following:
 1. A UK registered pension scheme, registered under Chapter 2 Part 4 of the Finance Act 2004 ☐
 2. A Qualifying Recognised Overseas Pension Scheme as defined by HM Revenue and Customs* ☐
- I confirm that the information provided about the Receiving Scheme is correct and the Receiving Scheme is willing to accept the transfer value.
- We give James Hay Partnership permission to approach HM Revenue & Customs for confirmation that this scheme is either a registered pension scheme, or a QROPS that complies with HM Revenue & Customs requirements

Name:

Signature:

Position: Date:

* If the Receiving Scheme is a Qualifying Recognised Overseas Pension Scheme, please provide a copy of the scheme's Letter of Acceptance from HMRC. Also if the transferring scheme is in payment of retirement benefits, please confirm that the Receiving Scheme is a new arrangement established to receive the transfer only.