Please read this document carefully so you fully understand the implications of any financial decisions, and keep it safe for future reference. It may also help to refer to our online **glossary** for explanations of technical or unfamiliar terms.

EMBARK PENSIONS

BENEFICIARY SIPP APPLICATION FORM

We want all of our customers to be able to access our services equally. For those who may need additional help, we have put in place some support to make it easier. If required, we can arrange to send you this document in special formats, such as large print or braille. Please ring us on **0344 544 0566** if this is needed.

Full details of how we can tailor communications and documents to suit your needs can be found on our website at **www.embarkpensions.co.uk/accessibility-policy**

Please use this form to open a Beneficiary SIPP Pension Scheme to allow the transfer from an existing Embark Pensions inherited scheme only.

To request an Income from your inherited scheme, please also complete the Beneficiary Drawdown form.

Information you will need

To complete this form, you will need details of the inherited SIPP that you wish to transfer so that you can make decisions about which assets to sell and which assets to transfer in specie.

Please contact our Senior Review team for the current valuation of your inherited scheme.

Please complete this form in BLOCK CAPITALS and BLACK INK and email it to **seniorreviewteam@embarkpensions.co.uk**.

We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU.

If at any time you need assistance in completing this form, please call our Senior Review team on **0344 544 0566**.

Financial Advice

We strongly recommend that you consider taking regulated financial advice before proceeding. Taking benefits from your inherited plan is an important decision to make, and careful consideration must be given to the options available to you and how you will invest your funds in retirement.

If you do not have a financial adviser you can find details of local regulated financial advisers by visiting **www.unbiased.co.uk** or clicking on "Find financial services in your area" on the FCA's Financial Services Register at **www.register.fca.org.uk**.

Please note should you decide to take financial advice, your adviser will charge for this service. Your adviser charges can be deducted from your SIPP.

1 MEMBER DETAILS

Title:

Forename(s):

Surname:

Address:

Postcode: Country:

Previous Address
(if current is for
less than 3 years):

Postcode: Country:

Nationality: Tax Residency:

Date of birth: D D M M Y Y Y Y Gender:

Marital Status: National Insurance Number:

Email Address: Telephone Number:

2 TRANSFER DETAILS

Transferring Scheme Name:

Transferring Scheme Policy Number:

Estimated transfer value: **£** Cash ☐ In specie ☐

'In specie' means re-registering the assets of the plan without selling them and will be subject to Embark Pension's prior approval. Non-standard assets may not be accepted and may need to be sold prior to transferring. If you wish to transfer in specie, please provide a list and valuation of the transferring assets below.

Asset Provider	Description	Date of last valuation	Value (£)

NOTE: You may need to open a new investment account to accept these assets. Please provide a completed application form from your new investment provider in preparation of accepting this transfer.

3 INVESTMENT CHOICES (INCLUDING INVESTMENT PATHWAYS)

Only applicable if you are NOT taking Financial Advice and your Financial Adviser is NOT submitting this form direct to Embark on your behalf.

We need to understand your investment strategy for your beneficiary investments.

Before you access the information, you will need details of the investments you currently hold in your inherited SIPP so that you can make decisions about your investment strategy.

Please refer to your valuation supplied with this form for further details

You will need to read some important information and support about the retirement and investment options available to you. You can access this information by typing the following URL into your web browser: **www.embarkmyretirement.co.uk/embarkpensions**. The information will help you with some questions that follow.

Please tick to confirm that you have completed the online tool: ☐

You must be satisfied that the investment choices you have made for the funds that remain in your plan will meet your needs. Please confirm your investment choices by selecting one of the following:

1 I confirm that I have reviewed my current investment choices and am satisfied that these meet my investment needs and I don't wish to make any changes. There is sufficient cash in the bank account for my chosen payments. ☐

2 I wish to change my investments without using Pathway Investments. I have provided details of the investments to be bought and sold in the box below. ☐

3 I wish to invest the funds into the following Pathway Investment(s): ☐

The Embark Save It Investment Pathway	☐	(£ or % of crystallised pot)
The Embark Annuity Investment Pathway	☐	(£ or % of crystallised pot)
The Embark Drawdown Investment Pathway	☐	(£ or % of crystallised pot)
The Embark Withdraw It Investment Pathway	☐	(£ or % of crystallised pot)

NOTE: Further details regarding the above 4 Investment Pathways are available via the online tool at **www.embarkmyretirement.co.uk/embarkpensions**.

If you have selected option 3, we will firstly establish an account for you on the Scottish Widows Platform and then place your chosen investment(s) once there is sufficient cash in your plan.

Please indicate in the box below which investments (if any) you intend to sell so that we can make the investment. Additional forms may be required to carry out these disinvestments.

The above is not an instruction to us to change your investments. To make the above changes you will need to instruct us or your investment manager in the usual way; additional forms may be required.

The reason we ask for your investment choices is so we can determine the level of cash or 'cash-like' assets you will have in your plan once in drawdown. If your investment choices result in this exceeding 50% of your plan, we will supply you with a warning about the impact inflation could have on significant cash holdings.

Please confirm that when making your investment decision above you have specifically considered the amount of cash or 'cash-like' investments that will be in your plan once you are in drawdown, and that you are satisfied that this is appropriate for your retirement needs. ☐

NOTE: Please refer to our Frequently Asked Questions concerning our liquidity requirements for clients who hold property and/or unlisted Shares.

4 EXPRESSION OF WISH

Beneficiary details

Beneficiary 1

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Beneficiary 2

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Beneficiary 3

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Beneficiary 4

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Section 4 continued overleaf >>

4 EXPRESSION OF WISH (CONTINUED)

If you have more than four beneficiaries, then please attach a separate sheet with their details as outlined above.

Please sign and date the additional sheet and tick the following box to confirm if you have attached an additional sheet ☐

Alternative Beneficiaries

Please complete this section if you wish to name alternative beneficiaries. The alternative beneficiaries listed below will be used if your beneficiaries detailed above, either: die before you, or do not wish to receive benefits from your SIPP.

If you would like to nominate an Alternative Beneficiary for this purpose, please tick the following box and provide their details below:

Alternative Beneficiary 1

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Alternative Beneficiary 2

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Alternative Beneficiary 3

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

Section 4 continued overleaf >>

4 EXPRESSION OF WISH (CONTINUED)

Alternative Beneficiaries (continued)

Alternative Beneficiary 4

Title: Date of birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Relationship: Percentage:

If you have more than four alternative beneficiaries, then please attach a separate sheet with their details as outlined above.

Please sign and date the additional sheet and tick the following box to confirm if you have attached an additional sheet ☐

Charity Nomination

In the event you have no dependants upon death, a tax-free lump sum can be paid to a registered charity of your choice.

If you would like to nominate a charity for this purpose, please tick the following box and provide their details below ☐

Name of Charity:

Percentage:

Name of Charity:

Percentage:

Name of Charity:

Percentage:

Name of Charity:

Percentage:

5 ADVICE DETAILS

Please confirm whether you have a Financial Adviser ☐ Yes ☐ No

If **Yes** please continue, if **No**, please go to section **7**.

Please provide details of your Financial Adviser.

Adviser Company:

Address:

Postcode:

Section 5 continued overleaf >>

5 ADVICE DETAILS (CONTINUED)

Adviser Name:

Telephone Number:

Network:

Network Reference Number:

FCA Authorisation Number:

The Financial Adviser will also provide investment advice. ☐ Yes ☐ No

Please confirm whether your adviser will be receiving any fees directly from your SIPP ☐ Yes ☐ No

If **Yes** please continue, if **No**, please go to section **6**.

Agreed Fees to be paid from the SIPP to the Financial Adviser.

Initial Fee or One-off Fee

£ **OR** % Is this charge subject to VAT?* ☐ Yes ☐ No

Date fee to be paid: D D M M Y Y Y Y **OR** immediately ☐

Ongoing Fee

£ **OR** % Is this charge subject to VAT?* ☐ Yes ☐ No

Date fee to be paid: D D M M Y Y Y Y **OR** immediately ☐

And then paid: ☐ Quarterly ☐ Annually

NOTE: If quarterly selected, we will pay one quarter of the stated fee, every three months. If this is a % then we will calculate this amount at the annual anniversary of the scheme and we will then pay one quarter of the fee, every three months.

Will your adviser be receiving any fees directly from an Investment Firm? ☐ Yes ☐ No

NOTE: If a fee is also being paid direct from the Investment Firm to the adviser, we will take this into consideration when checking the total fees we are being asked to pay to them from the pension scheme.

If **yes**, please provide details:

Member declaration

I confirm my agreement that the above detailed fees are to be paid to my financial adviser and that any change to my financial adviser or any change in fees will be supplied in writing.

Signature (Member):

Print Name:

Date: D D M M Y Y Y Y

Section 5 continued overleaf >>

5 ADVICE DETAILS (CONTINUED)

Adviser declaration

* Where applicable, please provide the VAT registration number for the Financial Adviser Firm listed above.

VAT Registration Number:

Please provide the bank account details where these fees should be paid:

Bank Name: Account Holder Name:

Account Number: Sort Code:

I declare that the above detailed fees:

- Relate only to advice or other services I have provided to the plan member in relation to their benefits under the plan
- Relate only to a genuinely commercial arrangement agreed with the plan member
- Will not be paid in whole or in part to the plan member or anyone connected to the plan member

I acknowledge that Embark Pensions will verify my details both during the application process and the ongoing administration of the account.

Adviser Signature:

Print Name:

Date: D D M M Y Y Y Y

6 MONEY LAUNDERING CERTIFICATE (TO BE COMPLETED BY YOUR FINANCIAL ADVISER)

For use by Financial Advisers introducing UK resident private individuals.

Applicants details

Title: Date of Birth: D D M M Y Y Y Y

Forename(s):

Surname:

Address:

Postcode:

Address:

Postcode:

Address:

Postcode:

We require one document from section A and one document from section B.

Section 6 continued overleaf >>

6 MONEY LAUNDERING CERTIFICATE (TO BE COMPLETED BY YOUR FINANCIAL ADVISER) (CONT.)

A

Evidence of Identity

Please the tick box relating to evidence seen and either complete details or attach certified copy of documents.

Current Full Passport (signed) ☐

Passport Number: Country of Issue:

Expiry Date: D D M M Y Y Y Y

Current Full UK Driving License or Provisional Driving License ☐

Driving License Number: Expiry Date: D D M M Y Y Y Y

HM Revenue & Customs (HMRC) Tax Notification ☐

Tax Ref Number: HMRC Office:

Firearms Certificate ☐

Reference Number: Police Station:

If unable to provide one of the above documents, please provide two of any bank credit/debit cards (from different providers) ☐

1. Bank/Building Society Name:

1. Account Number: 1. Sort Code:

2. Bank/Building Society Name:

2. Account Number: 2. Sort Code:

B

Evidence of Address

Please the tick box relating to evidence seen and either complete details or attach certified copy of documents.

Utility Bill or Annual Statement of Utilities (not mobile phone) ☐

Utility Company Name: Reference Number:

Current Full UK Driving License or Provisional Driving License (if not used in section A) ☐

Driving License Number: Expiry Date: D D M M Y Y Y Y

Section 6 continued overleaf >>

6 MONEY LAUNDERING CERTIFICATE (TO BE COMPLETED BY YOUR FINANCIAL ADVISER) (CONT.)

B

Evidence of Address (continued)

Bank/Building Society/Credit Union Statement or Passbook ☐

Bank/Building Society Name:

Sort Code: Account Number:

Council Tax Bill (for current year) ☐

Council Name: Reference Number:

HM Revenue & Customs (HMRC) Document (if not used in section A) ☐

Tax Reference Number: HMRC Office:

Home Visit by Member of Staff ☐

Address visited:

Postcode:

Name of Staff Member Who Conducted Visit:

I/we certify that:

- I/we confirm that I/we have verified the identity of the applicant named in Section 6 using original documentation specified in Sections A and B. I/we confirm also that I/we have sighted the original documents and that any requiring a signature were pre-signed.
- I/we confirm that all documents obtained were current at the time of receipt.

AND

- I/we enclose an account opening form completed as requested together with any additional 'know your customer' information.
- I/we confirm that the applicant is, applying on their own behalf and not as a nominee, trustee or in a fiduciary capacity for any other person.

Full Name of Regulated Firm:

FCA Regulatory Number:

Signed:

Name:

Position:

Date: D D M M Y Y Y Y

7 MONEY LAUNDERING FOR NON-ADVISED APPLICANTS

We require one document from section A and one document from section B.



Evidence of Identity

Please the tick box relating to evidence seen and either complete details or attach certified copy of documents.

Current Full Passport (signed) ☐

Passport Number: Country of Issue:

Expiry Date: D D M M Y Y Y Y

Current Full UK Driving License or Provisional Driving License ☐

Driving License Number: Expiry Date: D D M M Y Y Y Y

HM Revenue & Customs (HMRC) Tax Notification ☐

Tax Ref Number: HMRC Office:

Firearms Certificate ☐

Reference Number: Police Station:

If unable to provide one of the above documents, please provide two of any bank credit/debit cards (from different providers) ☐

1. Bank/Building Society Name:

1. Account Number: 1. Sort Code:

2. Bank/Building Society Name:

2. Account Number: 2. Sort Code:



Evidence of Address

Please the tick box relating to evidence seen and either complete details or attach certified copy of documents.

Utility Bill or Annual Statement of Utilities (not mobile phone) ☐

Utility Company Name: Reference Number:

Current Full UK Driving License or Provisional Driving License (if not used in section A) ☐

Driving License Number: Expiry Date: D D M M Y Y Y Y

Section 7 continued overleaf >>

7 MONEY LAUNDERING FOR NON-ADVISED APPLICANTS (CONTINUED)

B

Evidence of Address (continued)

Bank/Building Society/Credit Union Statement or Passbook ☐

Bank/Building Society Name:

Sort Code: Account Number:

Council Tax Bill (for current year) ☐

Council Name: Reference Number:

HM Revenue & Customs (HMRC) Document (if not used in section A) ☐

Tax Reference Number: HMRC Office:

NOTE: If not providing original documents, please refer to our Notes & Guidance for how they can be certified.

8 MEMBER DECLARATION

I hereby wish to apply to become a member of The Options SIPP Scheme (the Scheme), which is registered for the purposes of Part IV of the Finance Act 2004. Both the Option SIPP and the Full SIPP are products of this Scheme. I undertake to inform Embark Pensions of any changes to the information contained within this application. I declare that to the best of my knowledge, the information provided in this application and any other documents provided in connection with this application are true and complete. Embark Pensions ("you") will use this information to consider my application and I understand that providing false information is a criminal offence and may lead to prosecution.

I agree to Embark Pensions opening a SIPP bank account with Embark Pension Trustees Limited's designated bank provider, to which all payments into my SIPP will be made. I understand Embark Pension Trustees Limited will be sole signatory to the account.

Transfers

If successful in my application for a Beneficiary SIPP, I will be eligible to transfer my Embark Pensions inherited SIPP to the new beneficiary scheme.

I understand that you are not regulated to provide transfer advice. Prior to transferring from another pension arrangement, I understand that I should seek advice from a suitably qualified person before doing so.

Fees

Based on the information provided in this application form, my fees will be calculated and quoted to me by you. I understand these fees may change if the information provided on the application is inaccurate or my actual transactions over the course of the year differs from those anticipated. If the fee structure changes as a result of additional work being undertaken on my instruction, you will inform me of these additional charges prior to the work being undertaken. Where fees are levied retrospectively these fees will be taken in the month immediately following that of when the fees became due.

Fees will be taken as set out in the Terms and Conditions. You will be authorised to collect pre-agreed fees direct from the Scheme bank account and I agree that I will endeavour to ensure there will always be sufficient funds in the Scheme bank account for these fees to be taken. In the event that there are insufficient funds in the Scheme bank account for the payment of professional fees, I authorise Embark Pensions Trustees Limited to realise investments held by the Scheme to enable the payment of said fees.

Contributions

I understand that as this is a Beneficiary SIPP, I am NOT eligible to make contributions into this Beneficiary SIPP.

Transfers In

I understand that as this is a Beneficiary SIPP, I am NOT eligible to make transfers from other pension schemes into this Beneficiary SIPP EXCEPT the existing scheme held with Embark Pensions of which I am a beneficiary.

Investments

I understand that as a member of the Scheme I can only invest in those investments permitted by you. You allow investments into assets that meet the FCA standard asset criteria in accordance with IPRU-INV 5.9.1R and are capable of being accurately and fairly valued on a daily basis and readily realised within 30 days. In addition, you will allow certain commercial properties and non-standard investments provided they meet your due diligence requirements.

I understand that if I am unsure as to whether my proposed/chosen investment will meet this criteria, I should discuss this with my Financial Adviser or get in touch with you. I understand that it is my responsibility to ensure that my selected investment is approved by you before I submit my SIPP application.

I understand that should an asset no longer meet your requirements you may instigate immediate disposal without the need for my consent or that of my Financial Adviser.

Electronic Payments

I understand that you will have authority to make electronic payments on my behalf where you have received the appropriate instruction to do so from me or my financial adviser where they are also providing investment advice, but this only applies in respect of placing an investment.

Pensions

I understand that if the income being requested is from taxable death benefits, then you will deduct tax at my marginal rate prior to payment.

I understand that my pension will be taxed at an emergency tax code until HMRC inform you of my tax code. The level of income tax paid may be greater or less than required and I may be entitled to a tax rebate if too much tax has been deducted. I understand that I am responsible for reclaiming any tax or paying any additional tax to HMRC.

I understand that due to the HMRC requirement that PAYE must now be reported in real time (Real Time Information or RTI) you must pay all pension income and tax on the same day of the month, and this will be the 28th.

I am aware that I have a right to purchase a lifetime annuity from my accrued funds held within the scheme at any time.

I understand that if taking the income, I have requested results in my SIPP being emptied, my SIPP will be closed with any accrued interest being added and as a result of this I understand that this request shall be a full discharge of your liability in respect of the above SIPP.

I acknowledge that any residual funds received following the closure of my Embark Pension below the value of £30.00 will be paid to the Embark Group's charity on my behalf. For any residual funds received following the closure of my Embark Pension above the value of £30.00, Embark will attempt to contact me to arrange an income payment to myself. If Embark Pensions are unsuccessful at contacting me, these funds will also be paid to the Embark Group's charity on my behalf.

Section 8 continued overleaf >>

8 MEMBER DECLARATION (CONTINUED)

Advice

Where I have appointed a Financial Adviser, I agree that you should accept instructions pertaining to all Scheme investments from them as though received directly from me.

Where required I authorise Embark Pensions to pay my adviser the charges as set out above from my SIPP bank account.

I understand that you are not regulated by the FCA to provide investment or financial advice. EBS Pensions Limited, trading as Embark Pensions is solely authorised under FCA to establish, operate and wind-up personal pension schemes including SIPPs.

I understand that Embark Pensions and Embark Pension Trustees Limited are not able to provide me with any advice, nor are they responsible for the suitability or appropriateness relating to my decision to establish a SIPP. Furthermore, I confirm that neither have provided any advice to me.

I understand Embark Pensions Trustees Limited will act as professional trustee to the scheme and EBS Pensions Limited, trading as Embark Pensions will act as the Scheme Administrator.

You will neither review advice from an appointed Financial Adviser nor review the financial status or risk and investment strategies of any nominated investment manager.

I understand that this responsibility and the checking of all decisions relating to the purchase and retention of Scheme investments lies with me and / or my appointed adviser(s).

I confirm I understand that the value of my SIPP can go down as well as up depending on the investment performance of the investments chosen.

I hereby agree to indemnify you against any claims in respect of such.

Scheme Rules / Unauthorised Payments

I will promptly inform you of my contact details or permanent residential address changes and if my tax status changes. I agree to adhere to the Scheme Rules, and I will not attempt to use the Scheme for any other purpose than for which it is intended.

In the event that an unauthorised payment is made and scheme sanction charges are levied on the Scheme Administrator, I agree these may be deducted from my Scheme funds. I will fully reimburse you for the amounts levied should there be insufficient funds available in the Scheme.

Data Protection

I understand that the information provided in this application will be used to make searches at credit reference agencies which will provide information from the Electoral Register to verify my identity.

This search will not be a credit check and will not be seen or used by lenders when assessing ability to obtain credit. In some circumstances, you may require additional information for verification if not possible by electronic means.

I agree to you holding information provided by me or by third parties about me in accordance with the General Data Protection Regulation. I understand I have the right to receive a copy of information, free of charge and within 30 days. I understand I can refer to the Privacy Policy for further information.

I confirm I have read and understood the Key Features, Terms and Conditions, Fee Schedule and Privacy Policy for my SIPP, and request you process my application.

Signature (Member):

Print Name:

Date: D D M M Y Y Y Y

NOTES & GUIDANCE TO COMPLETING THE BENEFICIARY SIPP APPLICATION

Member Details

These details must match up exactly with the Anti-Money Laundering documents that are provided. If the surname on the AML Documents is the maiden name, a certified copy of the marriage certificate must be provided. The address must be your permanent residence. If you have moved address in the past 12 months, we will also require your previous private address(es). Marital status includes civil partnerships.

The following can certify your documents:

- Lawyer/Solicitor/Notary*
- Financial Adviser regulated in the customer's country of residence by the country's primary financial regulator*
- Certified or Chartered Accountant*
- Officer in the UK armed forces
- Post Office Document Certification Service
- Bank Employee

* Must be able to be found on the open-source register of the entity which regulates their activity

The certifier must

- Write, "Certified to be a true copy of the original which I have seen" on the document
- Sign and date the document
- Print their name under the signature
- Write occupation, address and telephone number (this may be used to contact the certifier if required)

Expression of Wish

In the event of your death, your chosen beneficiaries can take their share as a lump sum or they can establish a beneficiaries' drawdown account. If you die before age 75 you will be able to pass your pension on to your beneficiaries tax free as a lump sum or beneficiaries drawdown. If you die aged 75 or over, any lump sum or any income taken through beneficiaries drawdown will be subject to the beneficiary's marginal rate of income tax. You can change your beneficiaries at any time by writing into your administration team.

In Specie Tranfers

It is not necessary for the transfer to be received into the Scheme in cash. Where the pension fund comprises of various assets, the Scheme can receive these in-specie. The benefits of transferring in-specie should be discussed with your financial adviser.

SIPP Contacts

We are not able to discuss your details without your written authority to do so. Please provide details for all parties you wish to be able to obtain information on your behalf. If IFA fees are to be paid from the SIPP funds, details should be given in this section. In addition to you giving us authority to speak to third parties on your behalf, we will ask a series of Data Protection questions from you or anyone calling on your behalf before specific details can be discussed.

Pension

Your beneficiary funds will be used to provide you with a pension.

Income can be taken as flexi-access drawdown, the purchase of an annuity, or a combination of both. If you were in capped drawdown before 6 April 2015, you can continue to take income via capped drawdown.

Your income will be taxed at your marginal rate if the funds originated from a SIPP where the deceased was aged over 75 years of age at time of death. If the payment was paid within 2 years of death and the deceased was aged under 75 at time of death, then your income will be paid free of tax. The total amount of tax-free lump sum death benefits that can be paid from all of your pension plans will be capped at the Lump Sum and Death Benefit Allowance (LSDBA), currently £1,073,100.

You may be paying more or less tax than you should and will need to resolve this personally with your local tax office. At the end of each tax year, we will issue P60's to you.

You can decide the frequency the pension is paid but due to HMRC real time reporting requirements pensions must all be paid on the 28th of the month. You can take a pension holiday whenever you want. You will need to advise us of when your pension holiday is to commence and end in writing. Please allow 4 weeks to process this request.

Investment Strategy

So we can quote your on-going fees before you establish your Scheme, please let us know what investments you are planning to make with your SIPP funds.

When you are placing an investment with a third party, please send in the application form, completed as far as possible and signed if applicable. We will complete and sign the form, return it to the investment provider with the chosen method of payment.

Member Declaration

We need this signed form and supporting documents to process your application. Any omissions could result in a delay in preparing the relevant documentation.

Pension Scams

If you think you are being targeted by a pension scammer, please contact us immediately as we may be able to stop a transfer of funds if it has not already been processed.

Then call Action Fraud on **0300 123 2040** and report the scam, or use their online reporting tool which can be found at: **www.actionfraud.police.uk/report-a-fraud-including-online-crime**.

You might find it useful to refer to The Pensions Advisory Service website and use their identifying a pension scam tool which can be found at: **www.pensionsadvisoryservice.org.uk/my-pension/online-tools**.

CHECKLIST

Before submitting this form, please make sure:

If you are NOT receiving financial advice

- ☐ You have answered all the questions in sections 1, 2, 3, 4, 5 and 7
- ☐ You have signed the declaration in section 8
- ☐ You have provided the information and documents requested in section 7

If you are receiving financial advice

- ☐ You have answered all the questions in sections 1, 2, 4 and 5
- ☐ You have signed the declaration in section 8
- ☐ Your Financial Adviser has completed and signed sections 5 and 6
- ☐ You Financial Adviser has provided the documents requested in section 6

NEXT STEPS

Please email this form to **seniorreviewteam@embarkpensions.co.uk**. We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: **Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU**.

Embark Pensions will then:

- Acknowledge receipt of your application and verify the information and documents you have provided
- Request any additional information where required
- Transfer your inherited pension scheme from the ceding scheme
- Issue confirmation of account opening and transfer completion to you

0344 544 0566
customerservices@embarkpensions.co.uk
Provincial House,
37 New Walk, Leicester, LE1 6TU
embarkpensions.co.uk

EBS Pensions Limited act as operator for the Option SIPP, Full SIPP, Liberty SIPP, EBS SIPP and EBS SAPPP. Embark Services Limited act as operator for the Hornbuckle Mitchell SIPP, Hornbuckle Mitchell Private Pension, Hornbuckle Mitchell FIPP, The Private Pension and the Freedom SIPP.

Embark Pensions is a trading name of EBS Pensions Limited and Embark Services Limited. EBS Pensions Limited is a company incorporated in England and Wales (company number 00998606) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. EBS Pensions Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 134908). Embark Services Limited is a company incorporated in England and Wales (company number 02089815) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. Embark Services Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 120820).