

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 for more information.

PART A (TO BE COMPLETED BY THE MEMBER)

Name: National Insurance Number:

Address:
Postcode:

Account Number:

Have you received independent financial advice to transfer your pension? Yes No

If yes, please provide details of your Financial Adviser

FINANCIAL ADVISER DETAILS

Title: Forename(s): Surname:

Address:
Postcode:

FCA Registration Number:

Please provide details of how the fund will be invested with your new pension scheme provider.

TRANSITIONAL OR FIXED PROTECTION:

We recommend that you seek independent financial advice before completing this section.

Have you registered for enhanced, primary or fixed protection with HMRC? Yes No
If yes please send us a copy of the HMRC certificate.

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 partial transfer please confirm amount:

If this is a full transfer please wind up the above plan and transfer the benefits arising to the scheme detailed in PART B 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 Liberty 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, Embark Pensions)

Signature: (Authorised signatory, Embark Pensions)

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

Other

Fees

If other, please provide details.

Any additional comments you would like to add.

PART B (TO BE COMPLETED BY RECEIVING SCHEME)

Receiving Scheme/Insurer/Policy No:

Address/Post Code of Scheme/Provider

Is the Scheme a Registered Pension Scheme under Chapter II Part IV of the Finance Act 2004? Yes No
If NO the transfer cannot go ahead unless an annuity is being purchased

HM Revenue & Customs Reference Number

Contracting Out reference (ie ASCON/SCON/ECON/ASCN)

Companies House No: FCA Registration No:

Please provide a copy of your HMRC PSTR Certificate, and a dated print out of your HMRC registration details.

PLEASE TICK THE APPROPRIATE BOX DESCRIBING THE TYPE OF RECEIVING SCHEME

Fully invested in insurance policies with the provider named above	<input type="checkbox"/>	Defined Benefit Scheme	<input type="checkbox"/>
Small Self Administered Scheme (SSAS)	<input type="checkbox"/>	Annuity Provider	<input type="checkbox"/>
Self-Invested Personal Pension (SIPP)	<input type="checkbox"/>	Qualifying Recognised Overseas Pension Scheme	<input type="checkbox"/>

PAYMENT INSTRUCTIONS (TICK AS APPROPRIATE)

Payee

By BACS (subject to a charge) By immediate transfer eg CHAPS (subject 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 to confirm, or otherwise, to Embark Pensions that the Receiving Scheme is a Registered Scheme.

I have included a copy of the HMRC PSTR Certificate, and a dated print out of the HMRC registration details for the receiving scheme. 

Signature

Position

Name (in capitals)

Date