



Transfer In Form

SIPP

EBS Pensions Limited (EBS) is the Scheme Administrator and Scheme Trustee of the EBS SIPP.

Please complete all sections in black ink, in BLOCK LETTERS.

If you have any questions, please do not hesitate to contact us, quoting EBS on all communications.

This form is for use when transferring benefits from another scheme into your EBS SIPP. A separate form must be completed for each transfer in. For each transfer into your SIPP, we will send you a cancellation notice. If you cancel a transfer, EBS will attempt to repay it to the transferring scheme. However, the transferring scheme may refuse to accept the repayment or only accept it on different terms.

Please return completed from to:

EBS Pensions Limited
5th Floor
100 Cannon Street
London
EC4N 6EU

Transfer Payment Request

Section 1 The Application

If EBS is to deal with a transfer of your benefits, you must complete this form. Your Financial Adviser will be able to advise you on the suitability and assist with processing your pension transfers. Your adviser may additionally charge you for this advice. This transfer will be arranged by EBS on an execution-only basis.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Member Name	<input type="text"/>					
Member Surname	<input type="text"/>					
Home Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>	Postcode	<input type="text"/>			
National Insurance Number	<input type="text"/>					

Please provide details of the scheme to be transferred. Transfers of safeguarded benefits including defined benefit final salary schemes, guaranteed annuity rates and guaranteed minimum pensions will not be permitted without a recommendation to transfer from a regulated financial adviser.

Type of Pension Scheme

Occupational	<input type="checkbox"/>
Personal Pension	<input type="checkbox"/>
Name of Scheme / Arrangement (the 'Plan')	<input type="text"/>
Scheme Trustee / Provider Name	<input type="text"/>
Scheme Trustee / Provider Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Contact Name	<input type="text"/>
Telephone Number	<input type="text"/>
HMRC Pension Scheme Tax Reference (if known)	<input type="text"/>
Policy / Membership Number	<input type="text"/>
Anticipated Transfer Value	£ <input type="text"/>

Does this represent the full value of your benefits in the plan?

Yes No

Please select the way you would like to have the assets of the Plan (the 'Funds') transferred to the EBS SIPP.

Cash In specie

'In specie' means re-registering the assets of the plan without selling them and will be subject to EBS'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.

Section 1 (continued) The Application

Have you taken any benefits under the Transferring Scheme?

- a. Entirely in drawdown
- b. Partially in drawdown
- c. Not in drawdown

Have you taken any benefits under the Transferring Scheme?

If you selected a) or b) and have received flexible benefits please confirm the date the money purchase allowance applied to you:

Date

Section 2 Financial Adviser Details

Title Mr Mrs Miss Ms Other

Adviser Name

Adviser Surname

Advisers Address

Postcode

FCA Number

Adviser Signature

Members Declaration

I make the following declaration to the Current Provider;

I authorise and instruct you to transfer funds from the plan(s) as listed in this form directly to EBS Pensions Limited.

Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise you to release all necessary information to EBS Pensions Limited to enable the transfer of funds to EBS Pensions Limited.

I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.

If any employer is paying contributions to any of the plans as listed in this form, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete the responsibility of EBS Pensions Limited is limited to the return of the total payment(s) to the current provider.

Where the payment(s) made to EBS Pensions Limited represent(s) all of the funds under the plan(s) listed in this form, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to EBS Pensions Limited represent(s) part of the funds under the plan(s) listed in this form, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that EBS Pensions Limited and the current provider may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment or if I am already subject to the MPAA, I have supplied the date the MPAA first applied to me in this form.

Name

Date

Signature