

ADVICE DECLARATION FOR TRANSFER OF SAFEGUARDED BENEFITS

FOR HORNBUCKLE MITCHELL SIPP | HORNBUCKLE MITCHELL PRIVATE PENSION | THE PRIVATE PENSION | FLEXIBLE INCOME PENSION PLAN | FREEDOM SIPP

Please complete this form in BLOCK CAPITALS and black ink and return it to: Embark Pensions, Tyman House, 42 Regent Road, Leicester LE1 6YJ. If you need assistance in completing this form, please call our Customer Services team on 0116 366 8600.

Please complete this form if you are a financial adviser and you have advised the below named applicant on transferring an occupational defined benefits pension scheme, an occupational money purchase pension scheme or a personal arrangement which contains safeguarded benefits to Embark Services Limited, trading as Embark Pensions.

If you are not the named financial adviser on the application form, we will require a signed letter of authority from the applicant before accepting this form.

Please note that Embark Pensions will not accept transfers in of any public sector Defined Benefit Scheme.

1 APPLICANT DETAILS

Title: _____

Forename(s): _____

Surname: _____

Name of Transferring Scheme: _____

Transferring Scheme's Policy Number: _____

2 DECLARATION

Financial Adviser to complete.

I confirm in respect of the proposed transfer from the above named transferring scheme that:

I am qualified to provide financial advice in respect of pension transfers, as defined by the FCA, and my firm has the appropriate FCA permissions to provide advice on pension transfers and opt outs.

This transfer contains safeguarded benefits, as defined by the FCA.

I have provided the above named applicant with advice in respect of this transfer.


I have recommended that the applicant proceeds with this transfer.

I have confirmation from the client that they fully understand the implications of giving up any safeguard or benefits within the ceding scheme, and my recommendation takes into account the suitability of the underlying investments held within the receiving scheme.

I confirm the transfer is not from a public sector Defined Benefit Scheme.

2 DECLARATION (CONTINUED)

I declare that to the best of my knowledge, the information provided in this application is true and complete.

Financial Adviser's Signature: 


Name of Financial Adviser:


Date: | D | D | M | M | Y | Y |


Name of Firm:


FCA Firm Reference Number:




 0116 366 8600

 0845 125 6700

 sippservicing@embarkpensions.co.uk

 Embark Pensions, Tyman House,
42 Regent Road, Leicester LE1 6YJ

 embarkpensions.co.uk/closed-products