

TRANSFER OUT FORM

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.

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 at embarkpensions.co.uk for more information.

Covid-19

Regrettably in times like this, scams and frauds appear which are often both sophisticated and seek to exploit you. Watch out for scams related to the Coronavirus (Covid-19). These scams take many forms and could be about pension transfers and / or high-return investment opportunities. They may also involve claims to release your pension monies to pay the bills that have been created by Covid-19.

Beware of investments / opportunities that appear to be too good to be true – they usually are, and you could lose all your money. If your pension transfer request has come from one of the following please inform us immediately:

- an offer out of the blue i.e. you have had no previous contact with this person or organisation;
- originally came from an advert on social media or a paid for / sponsored advert online;

- originally from an email from a sender you do not already know;
- you feel pressured or hurried into making this decision to transfer;
- a firm cold called you; or
- you have given personal details out over email or in a phone call without first verifying who the caller was or who sent the email.

Further information can be found on: www.fca.org.uk/consumers/coronavirus-covid-19.

Pension Wise

You are also entitled to free, impartial advice on your options from the Government Service Pension Wise. Pension Wise provides assistance and details of the options available to you in respect of your pension savings. You can access this online at www.pensionwise.gov.uk, over the telephone on 0800 138 3944, or face to face through the Citizens Advice Bureau.

Pension Wise should not be seen as a substitute for full regulated advice.

1 TO BE COMPLETED BY YOU

Name:

Address:

Postcode:

National Insurance Number:

Account Number:

Have you received independent financial advice to transfer your pension?

Yes

No

If yes, please provide details of your Financial Adviser in part 2.

1 TO BE COMPLETED BY YOU (CONTINUED)

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 – please confirm amount: _____

If this is a full transfer please wind up the above pension and transfer the benefits arising to the scheme detailed below. I confirm that your compliance with this request shall be a full discharge of the liability of Embark Services Limited, trading as Embark Pensions, and Hornbuckle Mitchell Trustees Limited or, in the case of the Freedom SIPP, Avalon SIPP Trustees Limited.

Please encash all investments and transfer out in cash.

Please note, we may require additional forms to undertake investment sales. Please speak to our team for more details.

Please transfer selected investments in specie; any cash on the Lloyds / Bank of Scotland account(s) will also be transferred to the Receiving Scheme.

Signature (member):  _____

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

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 Fees

Other _____

If other, please provide details.

Any additional comments you would like to add?

2 TO BE COMPLETED BY YOUR FINANCIAL ADVISER

Please complete this form if you are a Financial Adviser and you have advised the named applicant on transferring their pension scheme from Embark Services Limited, trading as Embark Pensions.

Title: _____

Forename(s): _____

Surname: _____

Address: _____

Postcode: _____

Name of Firm: _____ FCA Registration Number: _____

I confirm in respect of the enclosed transfer from the Embark Pensions scheme that:

| | | |
|---|-----|----|
| I am appropriately qualified and approved by the above firm to provide financial advice. | Yes | No |
| I have provided the above named applicant with advice in respect of this transfer. | Yes | No |
| I have recommended the applicant proceed with this transfer. | Yes | No |
| The client will be investing in standard assets with the new pension provider as defined by the FCA standard asset criteria (IPRUINV 5.9.1R). | Yes | No |
| I have completed due diligence on the receiving scheme. | Yes | No |
| No unregulated entities are involved in the recommendation or facilitation of this transfer. | Yes | No |

Signature (Financial Adviser):  _____

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

3 TO BE COMPLETED BY RECEIVING SCHEME

Receiving Scheme/Insurer/Policy No: _____

Address/Postcode 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 (i.e. ASCON/SCON/ECON/ASCN): _____

Companies House Number: _____ FCA Registration Number: _____

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

3 TO BE COMPLETED BY RECEIVING SCHEME (CONTINUED)

Please tick the appropriate box describing the type of Receiving Scheme:

Fully invested in insurance policies with the provider named above

Defined Benefit Scheme

Small Self Administered Scheme (SSAS)

Annuity Provider

Self-Invested Personal Pension (SIPP)

Qualifying Recognised Overseas Pension Scheme

Payment Instructions

Payee:

By BACS (subject to a charge):

By immediate transfer e.g. CHAPS (subject to a charge):

Bank:

Address:

Postcode:

Account Number:

Sort Code:

Account Name:

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 (HMRC) 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: 

Print Name:


Position:


Date:


| D | D | M | M | Y | Y |



 0116 366 8600

 0845 125 5600

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 embarkpensions.co.uk/closed-products