

Transfer Form

Form reference H105

Complete this form if you are transferring any existing pension benefits into your Hornbuckle plan.

You must complete sections 1 to 4.

If you are completing this form as a supplement to H101 SIPP Application Form (Core) you do not have to complete section 1 or sign section 4.

I am completing this form as a supplement to H101 SIPP Application Form (Core)

Your financial adviser must complete section 5.

You must attach the discharge forms provided by your current pension provider(s). Without having received the completed discharge forms your current provider(s) may be unable to complete the transfer of your pension benefits to your Hornbuckle plan.

You must have received advice from your financial adviser in relation to the transfer. If you have not received advice we will be unable to process your request.

Quick actions:

1. Member details

Forename(s)

Hornbuckle plan number

Email

Date of birth

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2. Transferring scheme details

2.1 Scheme type

Scheme 1	Scheme 2	Scheme 3
UK registered pension scheme	UK registered pension scheme	UK registered pension scheme
UK pension scheme that is not a registered pension scheme	UK pension scheme that is not a registered pension scheme	UK pension scheme that is not a registered pension scheme
Recognised overseas pension scheme	Recognised overseas pension scheme	Recognised overseas pension scheme.
Overseas pension scheme that is not a recognised overseas pension scheme	Overseas pension scheme that is not a recognised overseas pension scheme	Overseas pension scheme that is not a recognised overseas pension scheme

2.2 Basic scheme details

	Scheme 1	Scheme 2	Scheme 3
Plan / member reference			
Scheme name			
Scheme administrator / provider			
Address			
Postcode			

2.3 Asset transfers

	Scheme 1	Scheme 2	Scheme 3
Will the transfer include any assets other than a cash payment?	Yes	Yes	Yes
	No	No	No

If “yes”, and the asset(s) are standard investments, please attach a copy of your latest plan / scheme valuation. If you will only be transferring some of the assets, please provide details.

If the asset(s) are unlisted securities please complete H112 Unlisted Securities Form

If the asset(s) include other alternative investments please complete H113 Alternative Investments Form

If the asset is a commercial property you should complete the relevant property purchase form

2.4 Benefit details

	Scheme 1	Scheme 2	Scheme 3
Are you transferring all of your benefits under the transferring scheme to your Hornbuckle plan?	Yes	Yes	Yes
	No	No	No
Value of transferring benefits:	£	£	£
Value of uncrystallised benefits:	£	£	£
Value of crystallised benefits:	£	£	£

Please refer to H105G Transfer Form guidance if you are unsure what any of these terms mean

	Scheme 1	Scheme 2	Scheme 3
Are your benefits under the transferring scheme subject to an earmarking order?	Yes No	Yes No	Yes No
Are your benefits under the transferring scheme subject to an outstanding pension sharing order?	Yes No	Yes No	Yes No

If the answer to either of these questions is “yes”, please attach details

3. Cancellation rights

You can cancel your application to transfer your pension benefits to your Hornbuckle plan at any time within 30 days of the date that we receive the transfer.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel the transfer you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

4. Transferring fund declaration

I authorise and instruct you to transfer funds from the plan(s) as listed in the appropriate section of this application directly to the receiving provider. 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 the receiving provider to enable the transfer of funds to the receiving provider. 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 an employer is paying contributions to any of the plans as listed in the appropriate section of this application, 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 receiving provider’s responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to the receiving provider represent(s) all of the funds under the plan(s) listed in the appropriate section of this application, 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 the receiving provider represent(s) part of the funds under the plan(s) listed in the appropriate section of this application, then the current provider(s) will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that the receiving provider and the current provider(s) 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.

Member signature

Print name

Date

D D M M Y Y

5. Advice details

This section should be completed by your financial adviser

Adviser name

Firm name

Firm FCA reference

	Scheme 1	Scheme 2	Scheme 3
Have you provided a personal recommendation to the member in relation to the transfer of benefits to their Hornbuckle plan?	Yes	Yes	Yes
	No	No	No
On which basis has the personal recommendation been made?	Face to face	Face to face	Face to face
	At a distance	At a distance	At a distance
Is the transferring scheme an occupational pension scheme?	Yes	Yes	Yes
	No	No	No
Is the transferring scheme an individual pension contract providing fixed or guaranteed benefits that replaced similar benefits under a defined benefits pension scheme?	Yes	Yes	Yes
	No	No	No
If you have answered "yes" to either of these questions, does your firm currently hold permission from the FCA to give advice in relation to pension transfers?	Yes	Yes	Yes
	No	No	No
Are you a pension transfer specialist, or has the suitability of your personal recommendation been checked by a pension transfer specialist?	Yes	Yes	Yes
	No	No	No

Adviser signature

Date

D D M M Y Y

Checklist

Before submitting this form please make sure:

You have completed all of the relevant sections of the form.

Your financial adviser has completed section 5 of the form.

You have read and understood the guidance on completing the form contained in H105G Transfer Form guidance.

Where to send

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Get in touch

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