

You will need to complete this form to transfer benefits from another pension arrangement to your Option SIPP. You will need to complete one form for each transfer you wish to make.

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.

MEMBER DETAILS

Client Ref:

Title: Forename(s): Surname:

Date of Birth: National Insurance Number:

Address:

Postcode:

TRANSFER DETAILS

Transferring Scheme Name:

Transferring Scheme Address:

Postcode:

Scheme or Policy Number:

Please tick the appropriate box describing the type of Ceding 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 |
| Personal Pension Plan (inc Stakeholder) | Money Purchase Occupational Scheme |
| Other (please state) | |

Estimated transfer value:

- | | | | |
|---|----------------|---------------------|--------------------|
| Is the transfer fund Uncrystallised, Partly Crystallised or Fully Crystallised? | Uncrystallised | Partly Crystallised | Fully Crystallised |
| Is the transfer a full or partial transfer?
<i>If partial, please complete the partial transfers section</i> | Full | Partial | |
| Does this transfer include a transfer of assets in-specie? | Yes | No | |

If yes, please complete the In-Specie transfer section, otherwise please move on to the member declaration.

Are you aware of any safeguarded benefits attached to your pension plan? Yes No

This may include but is not limited to Guaranteed Annuity Rates (GARs) or a Guaranteed Minimum Pension (GMP).

PARTIAL TRANSFERS

Please provide details of the partial transfer below.

Percentage of fund to be transferred: % OR Amount of fund to be transferred: £

IN-SPECIE TRANSFER

Please provide details below of any assets you are looking to transfer to your Option SIPP in-specie.

Asset Provider	Description	Date of last valuation	Value (£)
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MEMBER DECLARATION

This form gives Embark Pensions the authority to contact your current pension provider and to arrange the transfer of benefits from them to your Option SIPP.

This form also gives the transferring pension arrangements authority to give us details of your current arrangements and any relevant paperwork they require in order to transfer.

This form authorises us to request the transfer using the Origo Options Service if this is available.

Do you wish for your adviser to be paid a fee from this particular transaction? Yes No

If yes, fee amount £ or % *Please do not include the adviser fee if we've already been made aware of your advisers fees on your new SIPP application form.*

Print Name:

Signature:

Date:

The Right to Cancel the Transfer

As we are regulated by the Financial Conduct Authority you have a right to cancel the transfer within 30 days from the date that we receive your transfer request. You will receive this in writing once we have opened the SIPP. If you did want to exercise this right you can do this by emailing us at customerservices@embarkpensions.co.uk or by calling 01204 803500. Alternatively you can write to us at Embark Pensions, Dunsca House, Deakins Business Park, Egerton, Bolton BL7 9RP.

If you do decide to cancel the transfer we will do our best to try and return any funds we have received to the transferring scheme although we cannot guarantee that they will accept them back. In this circumstance we would transfer funds to a scheme of your choice and would do this free of charge.

Please note that this right to cancel is a different one to that of the right to cancel the membership.