

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](http://pension-scams.com) or [fca.org.uk/scamsmart](http://fca.org.uk/scamsmart) or visit our website for more information.

### 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](http://www.pensionwise.gov.uk), over the telephone on 0300 330 1001, or face to face through the Citizens Advice Bureau.

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

## PART A (TO BE COMPLETED BY THE MEMBER)

Name: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Account Number:

Have you received independent financial advice to transfer your pension?      Yes      No

*If yes, please provide details of your Financial Adviser*

## FINANCIAL ADVISER DETAILS

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

FCA Registration Number:

Please provide details of how the fund will be invested with your new pension scheme provider.

## 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                      if this is a partial transfer please confirm amount:

If this is a full transfer please wind up the above plan and transfer the benefits arising to the scheme detailed in PART B below. I confirm that your compliance with this request shall be a full discharge of the liability of EBS Pensions Limited, trading as Embark Pensions and Embark Pensions Trustees Limited in respect of the above plan.

Please encash all investments and transfer out in cash.

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

Signature:  (Member)                      Date:

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                      Other
- Fees

If other, please provide details.

Any additional comments you would like to add.

**PART B (TO BE COMPLETED BY RECEIVING SCHEME)**

Receiving Scheme/Insurer/Policy No:

Address/Post Code of Scheme/Provider:

Is the Scheme a Registered Pension Scheme under Chapter II Part IV of the Finance Act 2004?  
If NO the transfer cannot go ahead unless an annuity is being purchased.

Yes

No

HM Revenue & Customs Reference Number

Contracting Out reference (ie ASCON/SCON/ECON/ASCN)

Companies House No:

FCA Registration No:

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

**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 (TICK AS APPROPRIATE)**

Payee:

By BACS (subject to a charge):

By immediate transfer eg CHAPS (subject to a charge):

Bank:

Address:

Postcode:

Sort Code:

Account Name:

Account Number:

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 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:

Position:

Name (in capitals):

Date: