

OPTION SIPP AND FULL SIPP

PRODUCT CONVERSION FORM

Please complete this form in **BLOCK CAPITALS** and black ink and return it to: Embark Pensions, Dunscar House, Deakins Business Park, Egerton, Bolton, BL7 9RP. If you need assistance in completing this form, please call our Customer Services team on 01204 803500.

Please use this form should you wish to change your product from the Option SIPP to the Full SIPP, or vice versa.

If you are converting your Option SIPP to a Full SIPP, we require that you obtain independent advice.

If you are converting your Full SIPP to an Option SIPP, we strongly recommend that you obtain independent advice.

Please include any additional forms necessary for any new investments to be made after the product conversion.

1 MEMBER DETAILS

Title:

Forename(s):

Surname:

Date of Birth:

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

National Insurance Number:

2 CONVERSION DETAILS

Ref:

Please select **one** statement only:

I currently have an Option SIPP and wish to convert to the Full SIPP

I currently have a Full SIPP and wish to convert to an Option SIPP

Please ensure you first review these key documents for your new SIPP:

- **Key Features Document**
- **Terms & conditions**
- **Fee Schedule**

These forms are all available on the literature pages of our website, embarkpensions.co.uk/literature.

3 INVESTMENTS

This section is only required for conversions from the Option SIPP to the Full SIPP.

Please confirm which investments you wish to access under the Full SIPP (please select all that apply):

Property

Please read our property guide and complete our property questionnaire.

Unlisted securities*

Please complete our unlisted securities application form.

Other non-Standard assets*

Please complete our alternative investment application form.


* If you have not received advice regarding investments within the Full SIPP, we require you to complete our HNW & Sophisticated Member Declaration form.

These forms are all available on the literature pages of our website, embarkpensions.co.uk/literature.

4 MEMBER DECLARATION

I confirm I have read and understood the Key Features, Terms and Conditions and Fee Schedule for my new SIPP, and request that you process my conversion.

I acknowledge that the annual fees for my new SIPP will be adjusted at the next anniversary of my SIPP.

Signature: 

Print Name:

Date:

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5 ADVISER DECLARATION

This section is mandatory for conversions from the Option SIPP to the Full SIPP.

By signing below, I confirm that I have provided advice to the member to proceed with the product conversion and provided the member with the Key Features, Terms and Conditions and Fee Schedule for their new SIPP.

Financial adviser firm name:


Adviser contact name:


Signature: 


Date:


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



 01204 803500

 Dunscar House, Deakins Business Park,
Egerton, Bolton BL7 9RP

 customerservices@embarkpensions.co.uk

 embarkpensions.co.uk