# **7IM SIPP Additional Transfer Form**



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

You can use this form to transfer in a pension from a previous scheme into a 7IM SIPP. Use a new form for each transfer.

Section 01	Checklist and guide to completing the application
I would like to:	
Transfer m	y pension from another pension scheme into an existing 7IM SIPP.
If you have an exist	ting 7IM SIPP, please provide your account number:
Request an	additional transfer into a new 7IM SIPP.
Illustration Refer	ence:
Section 02	About you
Title:	First Name(s):
Surname:	

#### Section 03 **Transfer details**

You confirm that you authorise us to arrange for the transfer of funds from the following scheme into the 7IM SIPP and to liaise with all necessary third parties to arrange that. Your current scheme provider may require additional information and documentation.

#### Please note we cannot accept transfers from Defined Benefit (DB) pension schemes. Please ensure you do not request these, as they will be rejected and may cause a delay in processing your application.

Please confirm if this is a full or partial transfer: Full Partial				
We are unable to accept partial transfers if that pension is in drawdown.				
How is the transfer to be mad	e?			
Cash only	Estimated cash transfer value	£		
In Specie	Estimated In Specie value	£		
Cash and In Specie	Estimated total transfer value	£		

£			
£			

For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation:

<b>Stock / Fund</b> Name in Full (including class if known)	SEDOL	Number of Shares / Units	Approximate Value £
		]	
		]	
Name of Transferring Scheme:			
Name of Transferring Scheme Provider:			
Telephone Number:			
Address:			
Postcode:			
Plan Number:			
Pension Scheme Tax Reference number	(PSTR):		
Have you already received benefits (lum	p sum and / or pens	ion) from this arrangement?	Yes No
If yes, enter percentage of Lifetime Allow	wance used:		%
If this arrangement is in drawdown, has income needs and sustainability?	your adviser given a	dvice on a suitable investmen	t strategy to meet your
Yes No If no, please also co	mplete our Non-advi	ised drawdown form.	
Enter crystallised and uncrystallised fur	nd values below:	_	
Crystallised fund value: £		Uncrystallised fund value:	<u>:</u>
Does this transfer include any safeguard guarantaneed annuity rates, guaranteed			Yes No
(If yes, Financial Adviser <b>must</b> complete the	appropriate tick box in	the Financial Adviser declaration	.) 02

### Section 04 Member declaration

Your signature is required for the completion of this form

#### By making this application I:

- a. authorise and instruct 7IM Investment and Retirement Solutions Limited (the SIPP Operator) to transfer sums and assets from the pension scheme detailed in this form directly to the 7IM SIPP and to provide any instructions and/or discharge required by any relevant third party to do so.
- b. authorise my existing pension provider to provide the SIPP Operator with information (written/non written) in respect of any transfers that I have stipulated on this form.
- c. authorise the SIPP Operator, my existing pension provider and my Financial Adviser to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the 7IM SIPP.
- d. authorise the SIPP Operator, my existing pension provider and any employer paying contributions to the pension scheme detailed in this form to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the 7IM SIPP.
- e. acknowledge that until this application is accepted and complete, the SIPP Operator's responsibility is limited to the return of the total payment(s) to my existing pension provider.
- f. acknowledge that when payment is made to the 7IM SIPP as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the pension scheme listed where the whole of the scheme is transferring, or that part of the scheme represented by the payment if only part of the scheme is transferring.
- g. accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that the SIPP Operator and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

ignature:
Signed by (please PRINT name):
Date:

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## Section 05 Financial Adviser declaration

Where this transfer is from a pension scheme with any form of guarantee or other safeguarded benefit, and where the appropriate transfer analysis has been undertaken, we have advised the member of any benefits that may be lost as part of the proposed transfer to the 7IM SIPP. Where the transfer is in drawdown, we have advised the client of a suitable investment strategy to suit their income needs and sustainability.



Please tick to confirm the signatory has the necessary authorisation to sign these confirmations on behalf of the Financial Adviser.

Your signature is required for the completion of this form

Signature:
Signed by (please PRINT name):
On behalf of (adviser firm):
Date:

PLEASE RETURN THIS FORM TO 7IM INVESTMENT AND RETIREMENT SOLUTIONS LIMITED, 55 BISHOPSGATE, LONDON EC2N 3AS