

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 my pension from another pension scheme into an existing 7IM SIPP.

If you have an existing 7IM SIPP, please provide your account number:

☐

Request an additional transfer into a new 7IM SIPP.

Illustration Reference:

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 made?

☐

Cash only

Estimated cash transfer value

£

☐

In Specie

Estimated In Specie value

£

☐

Cash and In Specie

Estimated total transfer value

£

7IM SIPP ADDITIONAL TRANSFER FORM

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

Stock / Fund 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 (lump sum and / or pension) from this arrangement? ☐ Yes ☐ No

If yes, enter percentage of Lifetime Allowance used: %

Enter crystallised and uncrystallised fund values below:

Crystallised fund value: £ Uncrystallised fund value: £

Does this transfer include any safeguarded benefits which offer guarantees such as guaranteed annuity rates, guaranteed growth rates or guaranteed minimum pension? ☐ Yes ☐ No

(If yes, Financial Adviser **must** complete the appropriate tick box in the Financial Adviser declaration.)

Section 04 Advice and guidance

The decision to access pension savings is an important one. We therefore strongly advise that you seek advice from a regulated financial adviser and refer to the guidance provided by the government initiative, Pension Wise. Further information about this free service can be found at www.pensionwise.gov.uk or by calling 0300 330 1001.

Please make sure to complete all questions if you are crystallising your 7IM SIPP.

- 4.1 Please confirm whether you have taken financial advice in relation to taking benefits and/or transfers. If no, please also complete our Non-advised drawdown form. ☐ Yes ☐ No
- 4.2 Please confirm whether you have referred to guidance from the government initiative, Pension Wise ☐ Yes ☐ No

If you have taken advice from a regulated Financial Adviser, they must complete Section 06 of this form.

Section 05 Member declaration

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.

Your signature is required for the completion of this form

Signature:

Signed by (please PRINT name):

Date:

Section 06 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,
1 ANGEL COURT, LONDON EC2R 7HJ**

7IM Investment and Retirement Solutions Limited is authorised and regulated by the Financial Conduct Authority.
Registered office: 1 Angel Court, London EC2R 7HJ. Registered in England and Wales number 10902511.