



Section A: To be completed by the Scheme Member
Section B: To be completed by the Receiving Scheme

Section A - To be completed by the Scheme Member

Scheme Name

Member:

Title	Forename(s)
Surname	
Address	
	Postcode
Date of Birth	National Insurance Number

Details of Receiving Scheme:

Scheme Name	
Scheme Type	
PSTR Number	ASCON Number
Name of Scheme Administrator	
Address of Scheme Administrator	
	Postcode
Policy Number:	

Portion to be transferred:

Do you require the full fund to be transferred? Yes No

If no, what portion is to be transferred?

%	or	£
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IMPORTANT NOTICE:

If you wish to transfer only part of your fund it is your responsibility to ensure that there are sufficient cash assets, or to specify the assets to be transferred (for an 'in specie' transfer).

Details of Assets to be transferred:

Reason for transfer (Please tick all that apply):

- SSAS no longer required Open Market Option
- Consolidating Pensions Financial Adviser's Advice
- Charges Administration Issues
- Investment Flexibility Other, please state

Please detail any specific issues with the reasons ticked:

Member Declaration:

- I confirm that I wish to transfer my fund to the Registered Pension Scheme shown above. I authorise InvestAcc Pension Administration Limited to provide the scheme administrators named above with any information that they require in respect of this transfer.
- I understand that I will receive no advice from InvestAcc Pension Administration Limited relating to this transfer either now or in the future.
- It is an offence to make false statements and that the penalties are severe and could lead to prosecution.
- I can confirm that the information provided above is, to the best of my knowledge, true and complete.

I can form that the payment made and/or assets transferred (as appropriate) shall constitute a full and final discharge in respect of my fund (as specified above), and that I shall have no further claim again InvestAcc Pension Administration Limited.

Signature	Date
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Pension Administration Limited

Section B - To be completed by the Receiving Scheme

Scheme Name

Receiving Scheme Details:

Full Scheme Name	
PSTR Number	
Company Name	
Address	
	Postcode
Telephone Number	Contact Name

Scheme Type (please tick appropriate):

- SIPP
- SSAS
- Insured Personal Pension - Transfer cheque may only be payable to the scheme administrator or the insurance company involved
- Qualifying Recognised Overseas Pension Scheme (QROPS)
- Other

If other, please specify the nature of your scheme

Scheme Registration:

We confirm that the above scheme is registered under Part 4 of the Finance Act 2004 and is able to accept transfers of crystallised or uncrystallised funds or is a Qualifying Recognised Overseas Pension Scheme (QROPS) as defined by HMRC under Chapter 4 of the Finance Act 2004.

Please provide us with a copy of your HMRC approval letter confirming the recognised status of the scheme.

Please provide bank account details for BACS payment or alternatively cheque made payable to details:

Bank Name	
Bank Address	
	Postcode
Account Name	
Account Number	Sort Code — —
Reference	
Or Cheque payable to	

Declaration:

We declare that the above information is true and complete and that we are willing and able to accept this transfer. We confirm that the funds transferred will be applied to provide benefits consistent with the legislation covering Registered Pension Schemes. We give permission for HMRC to provide the scheme administrator with the information relating to the status and registration of our scheme.

Signature (for and on behalf of the Scheme Administrator)		Date
Name	Position	