

ADVANCE HARTLEY SIPP TRANSFER IN AUTHORITY FORM

Please complete this form if you wish to transfer your existing pension arrangement into your Advance Hartley SIPP. We recommend that before the completion of this form you take appropriate financial advice from an FCA regulated adviser. The Advance Hartley SIPP is a product of the Hubwise SIPP which is a registered pension scheme for the purposes of Part 4 of the Finance Act 2004

SIPP is a product of the	Hubwise SIPP which is a reg	gistered pension sch	eme for the purp	poses of Part 4 of	the Finance Act 20)04	
Member Name							
Scheme Number		NI No.					
Transferring Scheme	Details						
Provider Name							
Scheme Name							
Policy Number							
Address							
				Postcode			
I wish to transfer on Transfer Method:	the following basis:		In Spe	ecie Transfer			
Transfer Amount:	Full Transfer			l Transfer			
Please specify amour (Required for full and partial t							
Important Note: Where	you are requesting an In Specie trai	nsfer it is your responsibili	ty to check with the	ceding scheme that as	ssets can be transferred l	n Specie.	
Type of scheme you a	are transferring from (Plea	ase tick all that ap	ply):				
Retirement Annuity	Self Invested Per	Smal	Small Self Administered Scheme				
Buy out 'S32'	Personal Pension Free standing AVC		Defin	Defined Benefit Occupational			
Statutory scheme			Defir	Defined Contribution Occupational			
Status of Transfer Va	lue						
Uncrystallised		Crystallised		Р	hased Drawdown		

Please return completed form to:

The Advance Hartley SIPP is provided and operated by Hartley Pensions Ltd, 5th Floor, 25 Marsh Street, Bristol, BS1 4AQ. Authorised and regulated by the Financial Conduct Authority 735936 and registered in England and Wales 09469576. T:0117 316 9991 E: admin@hartleypensions.com W: www.hartleypensions.com

Do any of the funds that you are transferring relate to pension benefits you have received from an Ex Spouse or Civil Partner on divorce or dissolution of a Civil Partnership?						
Are the proceeds from this transfer currently subject to a bankruptcy order? (If yes please provide further information) Yes No						
I have sought professional advice from the qualified and authorised adviser stated below regarding the suitability of this transfer compared to my attitude to risk.						
Adviser Name						
Company Name						
Company FCA No.						
	MEMBER DECLARATION					
I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed under transferring scheme details of this form directly to Hartley Pensions Limited and to provide any instructions and/or discharge required by any relevant third party to do so.						
I authorise Hartley Pensions Limited, the current provider and any contributing Employer and financial intermediary named in this application 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 Hartley Pensions Limited.						
I accept that in order to comply with regulatory obligations, Hartley Pensions Limited and the current provider name in this application my need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.						
Until this application is accepted and complete, Hartley Pensions Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).						
When payment is made to Hartley Pensions Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed under transferring scheme details of this form where the whole of the plan(s) are transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) are transferring.						
I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Hartley Pensions Limited and the current provider(s) 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.						
I am fully aware that Hartley act on an Execution Only Basis as directed by me as scheme member and that Hartley has not provided any advice whatsoever in respect of the transfer from my ceding scheme to my Hartley SIPP.						
I can confirm that I understand that I may be giving up guaranteed benefits under the transferring scheme that I may not be able to replicate after the transfer.						
I have read any information provided or made available to me by the current provider in connection with this transfer.						
I consent to Hartley Pensions Limited processing my personal data in accordance with General Data Protection Regulation (GDPR)						
I can confirm that I have read and agreed the above declaration and the information that I have provided in this form is correct and complete to the best of my knowledge.						
	1					
Name						
Signature	Date					

Please note that the transfer cannot be processed unless this form is fully completed.

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