

# TRANSFER IN FORM

Title Mr  Mrs  Ms  Dr  Other

Full Forenames  Surname

SSAS Name

Please accept this form as my instruction to transfer the following pension arrangement to my SSAS.

## Transferring Scheme Details

Name

Reference

Address

Postcode

### I wish the transfer to be on the following basis:

**Transfer Method:**  
(Please only tick one box)

**Cash Transfer**  
With this option your existing provider will sell your current holdings and transfer the cash proceeds. If you want to transfer your holdings intact, please select the In Specie option.

**In Specie Transfer**  
Transferring an asset 'in specie' means transferring your underlying holdings as they are, without having to sell and repurchase them. This means you will remain invested throughout the transfer process and your holdings remain intact. You should note, however, that there will be a short period when you cannot sell your holdings.

**Transfer Amount:**  
(Please only tick one box)

**Full Transfer**  
With this option you will transfer the entire value of your existing pension.

**Partial Transfer**  
With this option you will only transfer part of your pension rights in a registered pension scheme, leaving the remaining rights in your existing scheme.

**Please specify amount to be transferred:**

### Please indicate with a tick all that apply:

Retirement Annuity:	<input type="checkbox"/>	Self Invested Personal Pension:	<input type="checkbox"/>	Small Self Administered Scheme:	<input type="checkbox"/>
Buy out 'S32':	<input type="checkbox"/>	Personal Pension:	<input type="checkbox"/>	Defined Benefit Occupational Scheme:	<input type="checkbox"/>
Statutory scheme:	<input type="checkbox"/>	Free standing AVC:	<input type="checkbox"/>	Defined Contribution Occupation Scheme:	<input type="checkbox"/>

Does the transferring scheme have any safeguarded benefits? Yes  No

If the transferring scheme is either a defined benefit scheme or has any form of 'safeguarded benefits' then full regulated advice will be required before the transfer can be accepted.

**Please confirm the following with a tick as appropriate:**

- 1 (a) I have not received any benefits from the transferring scheme
- OR (b) I attach a statement of benefits I have received from the transferring scheme
- 2 If the transfer is from a scheme with a retirement age below 55, I attach a certificate showing the age at which benefits may be taken.
3. I intend to immediately draw benefits from the proceeds of this transfer

I understand Hartley SAS Ltd may use a third party to request the transfer of the above arrangement and I give my authority for them to release any information in respect of this transfer to the appointed third party.

**It is a serious offence to make false statements and doing so could lead to prosecution.**

Signature

Date

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**LETTER OF AUTHORITY**

Client Address

Postcode

**To whom it may concern:**

In respect of pension arrangements made on my behalf now or at any time in the past, I

Title

Surname

Forenames

I hereby authorise any competent person to provide information relevant to my pension arrangements to Hartley SAS Ltd, on presentation of this letter or a facsimile of it.

Signature

Date



**Please return this form to:**

Hartley SAS Limited SSAS Team, 5th Floor, 25 Marsh Street, Bristol BS1 4AQ  
T 0117 316 9991 E admin@hartleysas.co.uk www.hartleysas.co.uk