

THE HUBWISE HARTLEY SIPP

TRANSFER IN AUTHORITY FORM

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

| Member Name | | | | | | |
|---|-------------------------------|----------------------------------|--|--|--|--|
| Scheme Number | | NI No. | | | | |
| Transferring Scheme Details | | | | | | |
| Provider Name | | | | | | |
| Scheme Name | | | | | | |
| Policy Number | | | | | | |
| Address | | | | | | |
| | | Postcode | | | | |
| | | | | | | |
| I wish to transfer on the following basis: | | | | | | |
| Transfer Method: Cash Transfer In Specie Transfer | | | | | | |
| Transfer Amount: | Full Transfer | Partial Transfer | | | | |
| Please specify amount to be transferred: (Required for full and partial transfers) | | | | | | |
| Important Note: Where you are requesting an In Specie transfer it is your responsibility to check with the ceding scheme that assets can be transferred In Specie. | | | | | | |
| Type of scheme you are transferring from (Please tick all that apply): | | | | | | |
| Retirement Annuity | Self Invested Personal Pensic | n Small Self Administered Scheme | | | | |
| Buy out 'S32' | Personal Pension | Defined Benefit Occupational | | | | |
| Statutory scheme | Free standing AVC | Defined Contribution Occupation | | | | |

Please return completed form to:

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@hartleysas.co.uk W: www.hartleypensions.com

Please confirm the following:

Yes

No

Does the transferring scheme hold any safeguarded benefits

If the transferring scheme is a defined benefits scheme or holds any safeguarded benefits then Hartley Pensions Limited require that full financial advice is taken when the transfer value exceeds £30,000. Hartley Pensions requires evidence of any financial advice taken with the completion of our safeguarded benefits financial advisor and member declarations which are available at **www.hartleypensions.co.uk.**

| Status of Transfer Value | | | | |
|---|--------|--|--|--|
| Uncrystallised Crystallised Phased Drawdown | | | | |
| 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? | Yes No | | | |
| Are the proceeds from this transfer currently subject to a bankruptcy order? (If yes please provide further information) | Yes No | | | |

MEMBER DECLARATION

I authorise and instruct you 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 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 authorise Hartley Pensions Limited, the current provider and any employer paying contributions to any of the plan(s) as listed in under transferring scheme details of 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 Hartley Pensions Limited.

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. 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.

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.

| Name | | |
|-----------|------|--|
| Signature | Date | |

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

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