

## 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 y	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 Pension Small Self Administered Scheme							
Buy out 'S32'	Personal Pension Defined Benefit Occupational							
Statutory scheme	Free standing AVC Defined Contribution Occupation							
Status of Transfer Value								
Uncrystallised	Crystallised Phased Drawdown							

## 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 094695576. 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?				Yes	No			
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							
	d apply to the current provider to transfer sums and assets form directly to Hartley Pensions Limited and to provide any in o 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 under replicate after the trans	erstand that I may be giving up guaranteed benefits under the tifer.	ransferring s	cheme that I	may not b	e abl	e to		
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 complete to the best of	read and agreed the above declaration and the information the my knowledge.	at I have prov	vided in this f	orm is cor	rect a	and		
Name								
Signature		Date						

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

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