

Please complete this form if you wish to transfer your existing pension arrangement into your SIPP. We recommend that before the completion of this form you take appropriate financial advice from an FCA regulated advisor. RL360 SIPP is a registered pension scheme for the purposes of Part 4 of the Finance Act 2004.

01 YOUR DETAILS

Please complete all fields in **BLOCK CAPITALS**

Member Name

Scheme Number NI No.

02 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 <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 <input type="checkbox"/>
Statutory scheme <input type="checkbox"/>	Free standing AVC <input type="checkbox"/>	Defined Contribution Occupation <input type="checkbox"/>

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

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.

03 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 may 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.

Signed

Date
(DD/MM/YY)

Print name

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