

## The Sanlam Pension

## Transfer in Authority Form

that before the compl	form if you wish to transetion of this form you to but abwise SIPP which is a	ke appropriate fina	ncial advice f	rom an FCA r	egulated advi	ser. The Sanlar	m Pension	1
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	<b>Fransfer</b>			
Transfer Amount:	Full Transfer			Partial Trai	nsfer			
Please specify amou (Required for full and partial								
Important Note: Where	you are requesting an In Spe	cie transfer it is your resp	oonsibility to chec	k with the ceding	scheme that ass	ets can be transferi	red In Specie	Э.
Type of scheme you	are transferring from (	Please tick all that	apply):					
Retirement Annuity	Self Inves	ed Personal Pension	on 📗	Small Self	Administered	d Scheme		
Buy out 'S32'	Personal F		Defined Benefit Occupational					
Statutory scheme	Free stand	ding AVC		Defined C	Contribution C	ccupational		
Status of Transfer Va	lue							
Uncrystallised		Crystal	lised		Ph	ased Drawdov	vn	
		Please return	completed form	to:				

The Sanlam Pension 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



	you are transferring relate to pension benefits you have received ivil 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								
	fessional advice from the qualified and authorised adviser stated below regarding d to my attitude to risk.	the suitability of this						
Adviser Name								
Company Name								
Company FCA No.								
Member Decl	aration							
transferring scheme de	d apply to the current provider to transfer sums and assets from the plan(s) a etails of this form directly to Hartley Pensions Limited and to provide any instru any relevant third party to do so.							
in this application to ok	sions Limited, the current provider and any contributing Employer and financion otain from each other, and release to each other, any information that may be sessets 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 inform	ation provided or made available to me by the current provider in connection	n with this transfer.						
I consent to Hartley Pensions Limited processing my personal data in accordance with General Data Protection Regulation (GDPR).								
	ve read and agreed the above declaration and the information that I have protect to the best of my knowledge.	ovided in this form is						
Name								
Signature	Date							

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

## Please return completed form to:

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