Additional Transfer Into Your SIPP

Please complete this form if you want to transfer funds from another pension scheme into your Plan.

Please contact us if you would like this document in an alternative format.

TRANSFER IN

Please note that we do not accept transfers from Defined Benefit Schemes or schemes that contain Guaranteed Minimum Pensions (GMPs). We will only accept transfers from schemes with Guaranteed Annuity Rates (GAR's) if a positive recommendation to transfer has been provided by an FCA regulated financial adviser.

If any initial adviser charge is to be paid in relation to the transfer(s) please ensure that the Initial Adviser Charges section is completed. For any ongoing adviser charges please provide us with a completed adviser charges agreement.

TRANSFER 1

Transferring scheme/Provider		
Policy Number		
HMRC Reference Number		
Address		
	F	Postcode
	Estimated Transfer Value	ue £
Is this a full or partial transfer?	Full	Transfer Partial transfer
Type of scheme being transferred	Personal pension	on Occupational Other
If Occupational or Other please co transferred	nfirm the type of scheme being	
Does the transferring scheme cont	ain any Safeguarded Benefits?	Yes No
If Yes please confirm the type of sa that the financial adviser section has		GAR GMP
Is the transferring Plan subject to a bankruptcy orders, earmarking or p receiving orders?		Yes No
Is the transferring Plan a dependants or beneficiaries Plan?		Yes No
If Yes a separate beneficiaries SIF	PP will need to be set up	
Please confirm if you received adv Adviser in respect of the transfer. complete the Adviser Declaration	ice from an FCA regulated Financial If Yes your adviser will need to	Yes No
Are you transferring in this Plan in	order to take benefits from it?	Yes No

If Yes please complete our Member Benefits form and send this in with your application form. If Yes and you have not received advice from an FCA regulated Financial Adviser in respect of the transfer or you have taken advice from an FCA regulated Financial Adviser but are dealing with DP Pensions Ltd directly with regards to the transfer then please complete the questionnaire at https://www.dapco.co.uk/accessing-your-pension-sipp/ We will be unable to request the transfer from the transferring scheme until this guestionnaire has been completed. Have you taken any benefits from the scheme? Yes No If you have taken benefits from the transferring scheme and have not received advice from an FCA regulated Financial Adviser in respect of the transfer please complete the questionnaire found at https://www.dapco.co.uk/investmentpathways/ FAD **UFPLS** If Yes please confirm by what method you have taken the Capped benefits FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – Capped Drawdown If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates Funds in Drawdown % If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the Funds not in Drawdown funds % Is the transfer a cash only transfer? Yes No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SIPP. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All in specie transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature		
Name		
FCA Numbe		
Date	:	
TRANSFER 2		
Transferring scheme/Provider		
Policy Number		
HMRC Reference Number		
Address		
	Postcode	
	Estimated Transfer Value £	

SIPP Additional Transfer Form v20230601.docx

Is this a full or partial transfer?	F	ull Trar	nsfer	Partial tra	ansfer	
Type of scheme being transferred	Personal per	nsion	Occ	cupational		Other
If Occupational or Other please confirm the type o transferred	f scheme being					
Does the transferring scheme contain any Safegua	arded Benefits?		Yes		No	
If Yes please confirm the type of safeguarded ben that the financial adviser section has been comple			GAR		GMP	
Is the transferring Plan subject to any existing or p bankruptcy orders, earmarking or pension sharing receiving orders?			Yes		No	
Is the transferring Plan a dependants or beneficiar	ies Plan?		Yes		No	
If Yes a separate beneficiaries SIPP will need to b	e set up					
Please confirm if you received advice from an FCA Adviser in respect of the transfer. If Yes your advi complete the Adviser Declaration		al	Yes		No	
Are you transferring in this Plan in order to take be	enefits from it?		Yes		No	
If Yes please complete our Member Benefits form	and send this in wit	th your	application	form.		
If Yes and you have not received advice from an F taken advice from an FCA regulated Financial Adv transfer then please complete the questionnaire at	viser but are dealing	, with D	P Pension	s Ltd directly	with rega	
We will be unable to request the transfer from the	transferring scheme	e until th	his questio	nnaire has b	een comp	oleted.
Have you taken any benefits from the scheme?			Yes		No	
If you have taken benefits from the transferring scl Adviser in respect of the transfer please complete pathways/						
If Yes please confirm by what method you have ta benefits	ken the	FAD		UFPLS		Capped
FAD – Flexi Access Drawdown, UFPLS – Uncryst	allised Fund Pensio	n Lump	o Sum, Cap	oped – Capp	ed Drawo	lown
If via Capped Drawdown please confirm current m review date. If there are multiple pots please list th pensions and review dates						
If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the funds	Funds in Drawdov Funds not in Drawd	down [
		%				
Is the transfer a cash only transfer?			Yes		No	
If No and assets are to be transferred in specie pla make sure that each asset can be transferred to yureview. We may ask for additional information from we are able to confirm whether these can be acce All in specie transfers will be paperbased transfers	our SIPP. Please a m you, your adviser pted. This could re	llso prov , or the sult in a	vide us witl transferrin a delay in th	h a list of the g scheme to ne transfer p	ese assets be provid rocess.	s for us to led before

All in specie transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:	
Name:	
FCA Number:	
Date:	

INITIAL ADVISER CHARGE TO BE PAID DIRECTLY FROM THE SIPP

This is the remuneration you have agreed to pay to your Financial Adviser for the initial advice and services that your Financial Adviser has provided to you in relation to the transfer(s). We will pay the initial adviser charges from your SIPP bank account once the relevant transfers have been paid into your Plan. Please select one of the following options:

A percentage of each transfer payment received

A fixed amount of each transfer payment received

	%
£	

Another basis agreed with your Financial Adviser (give details below)

MEMBER DECLARATION

In respect of a transfer payment;

- 1. I authorise, instruct and apply to the transferring scheme to transfer sums and assets from the plan(s) as listed directly to DP Pensions Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.
- 2. I authorise DP Pensions Ltd, the provider of the plan(s) listed, any contributing Employer 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 DP Pensions Ltd.
- 3. I accept that in order to comply with regulatory obligations, DP Pensions Ltd and the transferring scheme named 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.
- 4. Until this application is accepted and complete, DP Pensions Ltd and D A Phillips & Co Ltd's responsibility is limited to the return of the total payment(s) to the provider of the plan(s) listed.
- 5. When payment is made to DP Pensions Ltd as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the Plan(s) listed where the whole of the Plan is transferring, or that part of the Plan(s) represented by the payment(s) if only part of the Plan(s) is transferring.
- . 6. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that DP Pensions Ltd, D A Phillips & Co Ltd and the current provider 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.
- . 7. If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.
- . 8. If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment, or if I am already subject to the MPAA, I have supplied the date the MPAA first applied to me.

Where you are receiving advice from an FCA regulated Financial Adviser;

9. I confirm that I have received a positive recommendation to transfer my pension plan(s).

In respect of an adviser charges payment; I authorise DP Pensions Ltd to pay the Adviser charges as detailed above.

-	
Member Name:	
SIPP Account Number:	
Member Signature:	
Date	

Please return your completed form to: DP Pensions Ltd Bridewell House Bridewell Lane Tenterden Kent TN30 6FA Tel 01580 762 555 Fax 01580 766 444

www.dapco.co.uk enquiries@dapco.co.uk Authorised and regulated by the Financial Conduct Authority. (No 463171)