

# Additional Transfer Into Your SSAS

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		
	Postcode	
	Estimated Transfer Value £	
Is this a full or partial transfer?	Full Transfer Partial transfer	
Type of scheme being transferred	Personal pension 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		
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other Yes No receiving orders?		
Is the transferring Plan a dependa	nts or beneficiaries Plan? Yes No	
Please confirm if you received adv Adviser in respect of the transfer. complete the Adviser Declaration	ice from an FCA regulated Financial Yes No	
Have you taken any benefits from	the scheme? Yes No	
If Yes please confirm by what meth benefits	nod you have taken the FAD UFPLS Capped	

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

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 Drawdown %

Funds not in Drawdow

and imum			
own %			
wdown %			
	Yes	No	

Is the transfer a cash only transfer?

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 SSAS. 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 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.

Sigi	nature:								
	Name:								7
FCA N	umber:								
	Date:								
TRANSFER 2									_
Transferring scheme/Provider									
Policy Number									
HMRC Reference Number									
Address									
				Post	tcode				
		Estimated	Transfe	r Value	£				
Is this a full or partial transfer?				Full Tra	ansfer		Partial tr	ansfer	
Type of scheme being transferred		P	ersonal p	pension		Occu	pational		Other
If Occupational or Other please confirm the type of scheme being transferred									
Does the transferring scheme contain any Safeguarded Benefits? Yes No									
If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed GAR GMP									
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?									

Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration	Yes No
Have you taken any benefits from the scheme?	Yes No
If Yes please confirm by what method you have taken the FAD benefits	UFPLS Capped
FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lui	mp 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	

Yes

No

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 not in Drawdown

%

Yes

Funds in Drawdown %

Is the transfer a cash only transfer?

Is the transferring Plan a dependants or beneficiaries Plan?

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 SSAS. 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 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 SSAS

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 SSAS 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	C

	%
£	

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 D A Phillips & Co Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise D A Phillips & Co 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 D A Phillips & Co Ltd.
I accept that in order to comply with regulatory obligations, D A Phillips & Co 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, 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 D A Phillips & Co 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 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 D A Phillips & Co Ltd to pay the Adviser charges as detailed above.

Member Name:	
Scheme Name:	
Member Signature:	
Date	

Please return your completed form to: D A Phillips & Co Ltd Bridewell House Bridewell Lane Tenterden Kent TN30 6FA

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