

IPM Personal Pension Scheme

Additional Transfer Form



■ Member Name:	<input type="text"/>	IPM Membership No.	<input type="text"/>
■ Name of transferring scheme administrator:	<input type="text"/>		
■ Address	<input type="text"/>		
		Postcode	<input type="text"/>
■ Telephone number:	<input type="text"/>	Policy No.	<input type="text"/>
■ Full title of transferring scheme:	<input type="text"/>		
■ HMRC registration number	<input type="text"/>		
■ Amount of transfer payment:	<input type="text"/>		
■ Is the transfer in Specie?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
■ Does the transfer contain protected rights benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
■ Have you received any benefits from the fund being transferred? (If yes you will need to complete the Unsecured Pension Application Form)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
■ Do you intend to draw benefits immediately from this scheme? (If yes, please enclose your birth certificate and, if you are a married woman, your marriage certificate A separate Benefits Payment Form will be sent to you by the administrator for completion and return).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

- If any fees / commission are to be paid as a result of this transfer, how will the amount be calculated?

By fixed monetary amount:	Initial payment	£	<input type="text"/>	Annual payment	£	<input type="text"/>
By percentage of the fund value:	Initial payment	%	<input type="text"/>	Annual payment	%	<input type="text"/>

(Please note, a commission request / fee invoice will be required from the IFA in respect of each payment due from the trustee).

I hereby declare that I will not attempt to draw any benefit from the scheme except in accordance with the rules of the scheme.

I request that the scheme administrator of the transferring scheme applies the whole of my available transfer value from that arrangement. I understand that following the application of the transfer value, neither I, or my spouse or dependants will have any further entitlement under the transferring scheme. I acknowledge and agree that a copy of this request and discharge shall be deemed binding as though it were the original. I authorise the Trustee, Scheme Administrator or Insurers of the transferring scheme to provide any information, which I.P.M. SIPP Administration Limited may request in relation to any benefits provided for me.

I authorise and request that the Scheme Trustee accepts a transfer value into the Scheme on my behalf and any part thereof that is identified as protected rights is paid into a separate arrangement under the Scheme for protected rights only.

In return for the services to be provided by the Trustee and Administrator, I agree to pay charges set out in the charging structure schedule current at the date of this application and those charges detailed as payable to my Independent Financial Adviser, if any, as stated in this application form. I authorise I.P.M. SIPP Administration Limited to pay such charges from the bank account held for my benefit and to realise investments attributable to me in order to pay such charges and to settle any third party charges payable in respect of investment transactions to the extent that such charges have otherwise been paid within seven days of falling due.

I agree to the scheme administrator deducting any amount from the fund held for my benefit in order to pay any charge, including any scheme sanction charge, levied by HM Revenue and Customs. In the event that there are insufficient funds held for my benefit I agree to personally pay to the scheme administrator any amount required to pay for such charges.

To the best of my knowledge and belief the details given on this application are correct and complete.

Signature:

Date:

For additional information regarding the IPM Personal Pension Scheme, please contact either Jonathan Lochery or James Randall on: 0845 130 3443

I.P.M. SIPP Administration Limited is Authorised and Regulated by the Financial Services Authority.