

# Transfer of Crystallised Benefits



## Application Form

### 1. PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms):	Surname:
Forenames in full:	
Permanent residential address:	
Post code:	Country:
Telephone: Home:	Business:
Fax:	Mobile:
Email:	
Date of birth:	Marital status:
National Insurance Number:	
Tax district*:	
Tax reference number*:	

\*(These can be obtained from your P60 or your latest tax return)

Is the transfer in relation to the member's or a survivor's fund?
If a survivor's fund, what was the original member's date of birth?
Did the original member die before or after taking any benefits?
If after, what date did the member die?

## 2. TRANSFER VALUE DETAILS

Name and address of administrator of transferring registered pension scheme:-	
Name:	
Address:	
Post code:	
Contact name:	Telephone No:
Full title of transferring scheme:	
HMRC registration No. (if known):	Policy No:
Is any of the transfer value earmarked in accordance with the Pension and Divorce Regulations (introduced in the Pension Act 1995). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes please provide details:	
Is there an element of the transfer which relates to safeguarded rights? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, how much	£ _____
Are all of the benefits under the ceding scheme being transferred?	
Amount of Total Transfer Value:	
<b>Split of Transfer Value:</b>	
<input type="checkbox"/> in respect of benefits that commenced before 6th April 2006	£ _____
<input type="checkbox"/> in respect of benefits that commenced after 5th April 2006	£ _____
<input type="checkbox"/> in respect of non-vested fund i.e. no benefits yet taken	£ _____

## 3. PAYMENT OF BENEFITS

Please pay a gross annual pension of: £ _____ / Maximum	
Please pay the pension (monthly / quarterly / half yearly or annual):	
Please pay the pension in (advance/arrears):	
<b>Details of the Receiving Bank/Building Society Account</b>	
Bank name:	
Bank address:	
Post code:	
Sort code:	Account No:
Account name:	

## 4. DEATH BENEFIT

Please name those whom you would like to receive a lump sum from the proceeds of the plan in the event of your death. This nomination will not legally bind the Trustee but they will take it into account when deciding how to pay benefits. You may change this nomination at any time by advising the Trustee in writing. You may nominate any number of beneficiaries but please ensure that the proportions add up to 100%. If you are looking to transfer protected rights benefits to your SIPP you will need to complete our 'Expression of Wish for Protected Rights Benefits' form'.

Full name and address:	Relationship	Proportion %

## 5. INDEPENDENT FINANCIAL ADVISER

- Do you have an Independent Financial Adviser who is advising you regarding this pension plan?  Yes  No

If so, please state name of company:

Address of company:

Contact name: \_\_\_\_\_ Telephone number : \_\_\_\_\_

- If any fees/commissions are to be paid from the pension fund, how will the amount be calculated?

By fixed monetary amount: Initial payment £ \_\_\_\_\_ Annual payment £ \_\_\_\_\_

By percentage of the fund value: Initial payment \_\_\_\_\_% Annual payment \_\_\_\_\_%

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

## 6. INVESTMENT CHOICE

- An Investment Administrator must be appointed to execute the investment decisions and report periodically on the investments held for your benefit. Please supply details:

Name:

Address of company:

Contact name:

Regulator's name and authorisations number:

- In addition you may also choose to appoint an Investment Advisor from whom the trustees can take investment instructions.  
■ If an Investment advisor is to be appointed on what basis. Please supply details:

*discretionary*

*advisory*

Name:

Address of company:

Contact name:

Regulator's name and authorisations number:

## 7. DATA PROTECTION ACT 1998 (DPA)

The Data Controller in relation to any personal information you supply is I.P.M. SIPP Administration Limited, for the purpose of this act. This information may be used for the purposes of administration and regulatory compliance of products and services provided by the Group and its associated companies.

## 8. MEMBERS DECLARATION AND APPLICATION

The applicant must read and sign this declaration.

I hereby apply to become a member of the IPM Personal Pension Scheme (the Scheme) and agree to be bound by the scheme rules that may be amended from time to time.

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 can confirm that unsecured pension is currently being taken from the transferring arrangements detailed in section 2 of this application.

I hereby confirm that the transferring scheme is a Registered Pension Scheme under the Finance Act 2004

In respect of a transfer, 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:
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**Please note that it is a serious offence to make false statements, the penalties for which can be severe and may lead to prosecution.**

I.P.M. SIPP Administration Limited agrees to act as the scheme administrator and trustee of the I.P.M. Personal Pension Scheme on behalf of the Provider (The Governor and Company of the Bank of Scotland) and agrees to administer the scheme in accordance with the trust deed and rules.

Please return the completed form to: **I.P.M. SIPP Administration Ltd, Cintel House, Watton Road, Ware, Herts SG12 0AD.**

I.P.M. SIPP Administration Limited,  
Cintel House, Watton Road,  
Ware, Herts,  
SG12 0AD.



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