



If you have a vulnerability or need specific support during the life of your SIPP, please let us know. You do not need to tell us what it is, just how we can help to make things easier.

1 MEMBER'S PERSONAL DETAILS

Title Surname

Forenames in full

Address

Postcode

Membership No. Telephone No.

Email

2 TRANSFER DETAILS

If you are transferring benefits, please ensure these sections are fully completed to avoid any potential delays. Please note that IPM are NOT part of the Origo transfer system and therefore discharge forms will be required. Please ensure the appropriate ceding scheme transfer forms are included with this application:

TRANSFER 1

Name of transferring provider

Address

Postcode

Telephone number Contact email

Full name of transferring scheme Policy/Ref No.

Nature of scheme Non-Occupational Occupational Defined Contribution Occupational Defined Benefit

Other (Please specify)

Will this be a full or partial transfer of benefits from the above plan? Full Partial

Will the transfer be made as cash or in-specie? Cash In-Speice

(If In specie please provide full breakdown of list of assets)

Transfer Value £

Does the transfer contain any safeguarded benefits? Yes No

Have you received advice on this transfer from the firm listed in section 3? Yes No

Have you taken any benefits from the transferring scheme? Yes No

Are you currently receiving any income and would like this to continue? Yes No

(please complete IPM's Income Payment Request Form)

Do you intend on taking PCLS once the transfer is complete? Yes No

(please complete IPM's Benefit Payment Request Form)

3 INDEPENDENT FINANCIAL ADVISER DETAILS

Name of Financial Adviser (inc. title)

Name of Contact (if different)

Full name of Regulated Firm

FCA registered Trading Style (if applicable)

Contact Address

Telephone

E-mail Address

Name of Regulator

Regulator's reference number (For Firm)

Regulator's reference number (For individual)

Please confirm whether you are independent or restricted: Independent Restricted

If you are not directly regulated but instead regulated as an appointed representative or part of a network, please provide details:

Name of principal or network

Regulator's reference no. for principal or network

4 DETAILS OF ADVISER CHARGES

This section should be completed if the Member authorises IPM to pay adviser charges from the SIPP to the independent financial adviser as specified above.

	Fixed Charges (Excl VAT)		Percentage charges (Excl VAT)	
Initial charge	<input type="text"/>	and / or	<input type="text"/>	of the current fund value
On-going charges (per annum)	<input type="text"/>	and / or	<input type="text"/>	of the current fund value

Any on-going adviser charges should be paid on the basis specified below

Annually Quarterly Monthly

For initial charges to be paid from the SIPP, IPM will require an invoice from the appointed adviser in line with the above. For on-going charges IPM will require an invoice to be submitted by the appointed adviser on an annual basis to facilitate this, regardless of the frequency of payment, if this is to be settled from the trustee bank account.

5 ADVISER DECLARATION

I have provided advice to the client as detailed in section 1 of this form in regards to the transfer as detailed in section 2 of this form to their IPM SIPP

Yes No

I confirm that the client meets the criteria set within the IPM Target Market Statement

Yes No

I have given advice on the pension transfers as detailed in section 2 of this application in accordance with COBS. I have the necessary FCA approvals to provide this advice and my recommendation to the client is that a transfer to IPM is in their best interests

Yes No

I declare that the information provided in this application are correct and complete.

Signature

Name

Individual FCA No.

Date

6 MEMBER'S DECLARATION

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 Operator accepts a transfer value into the Scheme on my behalf.

In return for the services to be provided by the Operator 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.

I acknowledge and confirm that I.P.M. SIPP Administration Limited has not and cannot give me any advice or recommendations in relation to the transfer of benefits into the IPM Personal Pension Scheme.

I acknowledge that if I decide not to take advice from an independent professional adviser regarding the investment of the scheme assets the responsibility for the investments made, including verifying the valuation of the assets and the authenticity of the provider of the investments rests solely with myself and not I.P.M. SIPP Administration Limited.

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

Signature:

Date:

Data Protection

As Data Controller responsible for determining why and how personal data is processed, I.P.M. SIPP Administration Limited is obligated under the General Data Protection Regulation (GDPR) to ensure that all processing of personal data is done so lawfully, fairly and transparently.

It is important you understand the purposes for which IPM collects personal information about you in order for you to have full control over what happens to your personal data. Please ensure that you have read our Privacy Notice (which is available for download on our website or which can be sent to you on request) which explains the lawful basis on which IPM processes your personal data and provides details on your rights as a data subject, the identity of the Data Protection Officer for IPM and information about the UK supervisory authority for data protection. If you have any queries about the information contained in the Privacy Notice, or anything relating to data protection in general, please contact the IPM Data Protection Officer.

For additional information regarding the IPM Personal Pension Scheme, please contact either Jonathan Lochery or James Randall on: 01438 747 151.

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



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