



# Additional Transfer Into Your SIPP

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

## TRANSFER IN

Please note that we will only accept transfers from occupational pension schemes or those containing safeguarded benefits where the transfer is being made on the basis of a **positive recommendation** from an FCA regulated Financial Adviser. Safeguarded benefits are defined as benefits other than money purchase or cash balance benefits. Examples of this include, but are not limited to, defined benefits, guaranteed pensions including Guaranteed Annuity Rates (GARs) and Guaranteed Minimum Pensions (GMPs).

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	<input style="width: 100%;" type="text"/>		
Policy Number	<input style="width: 100%;" type="text"/>		
HMRC Reference Number	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 90%;" type="text"/>	Postcode	<input style="width: 80%;" type="text"/>
Telephone number	<input style="width: 100%;" type="text"/>		
Estimated Transfer Value	£ <input style="width: 90%;" type="text"/>		
Does this represent the full transfer value of the Plan?	Yes <input style="width: 40%;" type="text"/>		No <input style="width: 40%;" type="text"/>
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes <input style="width: 40%;" type="text"/>		No <input style="width: 40%;" type="text"/>
Type of scheme being transferred, Please select from one of the following:	Personal Pension	Occupational Defined Benefit Defined Contribution	Other
Does the transferring scheme contain any Safeguarded Benefits?	Yes <input style="width: 40%;" type="text"/>		No <input style="width: 40%;" type="text"/>
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer:	Yes <input style="width: 40%;" type="text"/>		No <input style="width: 40%;" type="text"/>
If advice has been selected your adviser will need to complete the Adviser Declaration			
Have you taken any benefits from the scheme?	Yes <input style="width: 40%;" type="text"/>		No <input style="width: 40%;" type="text"/>
If Yes please confirm by what method you have taken the benefits	Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	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 please confirm whether the scheme is entirely or partially In drawdown?

Full Drawdown	Partial Drawdown
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How is the transfer to be made? Please select one of the following:

All as cash       All in specie       Part cash, part in specie

If any assets are to be transferred in specie, please provide us with a list of these assets. We will review each asset and may ask for additional information to be provided before we are able to confirm whether these can be accepted. We may ask for additional information from the transferring scheme before we process your request. This could result in a delay in the transfer process.

### ADVISER DECLARATION

**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:

### TRANSFER 2

Transferring scheme/Provider

Policy Number

HMRC Reference Number

Address

Postcode

Telephone number

Estimated Transfer Value £

Does this represent the full transfer value of the Plan? 

Yes	No
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Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders? 

Yes	No
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Type of scheme being transferred, Please select from one of the following: 

Personal Pension	Occupational		Other
	Defined Benefit	Defined Contribution	

Does the transferring scheme contain any Safeguarded Benefits? 

Yes	No
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Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer:

Yes	No
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If advice has been selected your adviser will need to complete the Adviser Declaration

Have you taken any benefits from the scheme?

Yes	No
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If Yes please confirm by what method you have taken the benefits

Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	Capped Drawdown
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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

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If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown?

Full Drawdown	Partial Drawdown
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How is the transfer to be made? Please select one of the following:

All as cash

All in specie

Part cash, part in specie

If any assets are to be transferred in specie, please provide us with a list of these assets. We will review each asset and may ask for additional information to be provided before we are able to confirm whether these can be accepted. We may ask for additional information from the transferring scheme before we process your request. This could result in a delay in the transfer process.

### ADVISER DECLARATION

**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 and instruct you 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 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 authorise DP Pensions Ltd, the provider of the plan(s) listed and any employer paying contributions to any of the plans as listed 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.
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. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
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:	<input type="text"/>
SIPP Account Number:	<input type="text"/>
Member Signature:	<input type="text"/>
Date	<input type="text"/>

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](http://www.dapco.co.uk)  
[enquiries@dapco.co.uk](mailto:enquiries@dapco.co.uk)  
Authorised and regulated by the Financial  
Conduct Authority. (No 463171)