

Transfer from a scheme offering safeguarded benefits - SIPP

You are only required to complete this form if you are transferring a pension with safeguarded benefits of £30,000 or more.

Scheme details

Client name

Name of transferring scheme

Plan number

Name of scheme administrator/
trustee/insurance company

Address

Contact name

Contact telephone number

HM Revenue & Customs
(HMRC) reference number

Transfer value £ (or estimate)

Is the transferring scheme a final
salary/defined benefit pension
scheme?

Yes No

If Yes, please complete sections A and C.

Does the transferring scheme
contain or provide:

Guaranteed Annuity Rates (GARs)?

Yes No

Protected Tax Free Lump
Sum Entitlement?

Yes No

If Yes, to either of the above please complete sections B and C.

Section A: Transfer of benefits from a Final salary or defined benefit scheme

This section will need to be completed by the Pension Transfer Specialist who is advising on the transfer.

If the scheme is a defined benefit scheme, what is the transfer expiry deadline?

Will there be equalisation benefits payable at a later stage?

Yes No

If Yes, does your recommendation include advice on these benefits?

Yes No

Is the scheme subject to a block transfer?

Yes No

If Yes, please provide details of any protected tax free cash entitlement, minimum pension age etc., which is being preserved by the block transfer.

Pension Transfer Specialist Name

Name of Firm

Adviser Company FRN

Proposed investments

As part of the transfer advice, what specific investments have you recommended for the transferred funds to be invested in?

Please note: If the proposed investment is non-standard, the relevant Investment Questionnaire must be completed.

I confirm that in respect of the proposed transfer from the above scheme that:

- > I have provided the above named applicant with advice in respect of the transfer and proposed the investment(s) as referenced
- > I have recommended that the applicant proceeds with this transfer
- > I am qualified to provide financial advice in respect of safeguarded pension transfers, as defined by the FCA permissions.
- > I understand that Dentons requires a minimum of 7 working days prior to the transfer expiry deadline to process this transfer.

Position

Date (DD/MM/YYYY)

Pension Transfer Specialist Signature

Are you a Senior Manager of this company?

Yes No

If No, we will require a Senior Manager of the company to sign to confirm you are appropriately authorised to give safeguarded benefit transfer advice.

Senior Manager Name

Date (DD/MM/YYYY)

Senior Manager Signature

Section B: Transfer of benefits containing GARs and/or Protected Lump Sum entitlements

This section will need to be completed by the Financial Adviser who is advising on the transfer.

Adviser name

Individual FCA Number

Name of Firm

Firm Address

Firm FCA Number

Date (DD/MM/YYYY)

I confirm in respect of the proposed transfer from the above scheme that:

- > I have provided the above named applicant with advice in respect of the transfer and proposed the investment(s) as referenced
- > I have recommended that the applicant proceeds with this transfer
- > I am qualified to provide financial advice in respect of pension transfers, as defined by the FCA permissions.
- > I understand that Dentons requires a minimum of 7 working days prior to the transfer expiry deadline to process this transfer.

Position

Date (DD/MM/YYYY)

Adviser Signature

Section C: Member declaration

I confirm in respect of the proposed transfer from the above scheme that:

- > I have received regulated pension transfer advice from the adviser named above
- > I have understood the advice that I have been given in respect of this transfer
- > I agree that the acceptance or rejection of a safeguarded benefit transfer is at the discretion of Dentons Pension Management Limited (Dentons), the receiving scheme administrator
- > I also acknowledge that the acceptance or rejection of any proposed investment to be held within the Dentons SIPP, especially if it is deemed non-standard, is at the discretion of Dentons
- > I understand that Dentons requires a minimum of 7 working days prior to the transfer expiry deadline to process this transfer
- > I confirm I wish to proceed with this transfer to a Dentons SIPP.

Client Name

Client signature

Date (DD/MM/YYYY)



Dentons Pension Management Limited
Sutton House, Weyside Park,
Catteshall Lane, Godalming
Surrey GU7 1XE

T 01483 521 521
F 01483 521 515
E enquiries@dentonspensions.co.uk
W www.dentonspensions.co.uk

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