

Additional Transfer Into Your SSAS

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

Please contact us if you would like this document in an alternative format.

TRANSFER IN

Please note that we do not accept transfers from Defined Benefit Schemes or schemes that contain Guaranteed Minimum Pensions (GMPs). We will only accept transfers from schemes with Guaranteed Annuity Rates (GAR's) if a positive recommendation to transfer has been provided by an FCA regulated financial adviser.

TRANSFER 1

Transferring scheme/Provider	<input type="text"/>		
Policy Number	<input type="text"/>		
HMRC Reference Number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Estimated Transfer Value	£ <input type="text"/>		
Is this a full or partial transfer?	Full Transfer <input type="checkbox"/>	Partial transfer	<input type="checkbox"/>
Type of scheme being transferred	Personal pension <input type="checkbox"/>	Occupational <input type="checkbox"/>	Other <input type="checkbox"/>
If Occupational or Other please confirm the type of scheme being transferred	<input type="text"/>		
Does the transferring scheme contain any Safeguarded Benefits?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed	GAR <input type="checkbox"/>	GMP	<input type="checkbox"/>
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 type="checkbox"/>	No	<input type="checkbox"/>
Is the transferring Plan a dependants or beneficiaries Plan?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Have you taken any benefits from the scheme?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm by what method you have taken the benefits	FAD <input type="checkbox"/>	UFPLS <input type="checkbox"/>	Capped <input type="checkbox"/>

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – 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 and the scheme is not 100% in drawdown please confirm the approximate split of the funds

Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer?

Yes

No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SSAS. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

ADVISER SECTION

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:

Company Name:

FCA Number:

Date:

TRANSFER 2

Transferring scheme/Provider

Policy Number

HMRC Reference Number

Address

Postcode

Estimated Transfer Value £

Is this a full or partial transfer? Full Transfer Partial transfer

Type of scheme being transferred Personal pension Occupational Other

If Occupational or Other please confirm the type of scheme being transferred

Does the transferring scheme contain any Safeguarded Benefits? Yes No

If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed GAR GMP

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

Is the transferring Plan a dependants or beneficiaries Plan? Yes No

Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration Yes No

Have you taken any benefits from the scheme? Yes No

If Yes please confirm by what method you have taken the benefits FAD UFPLS Capped

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – 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 and the scheme is not 100% in drawdown please confirm the approximate split of the funds Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer? Yes No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SSAS. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

ADVISER SECTION

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:	<input type="text"/>
Name:	<input type="text"/>
Company Name:	<input type="text"/>
FCA Number:	<input type="text"/>
Date:	<input type="text"/>

INITIAL ADVISER CHARGE TO BE PAID DIRECTLY FROM THE SSAS

If adviser charges are to be paid 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 require an invoice from your Financial Adviser to enable payment to be made.

MEMBER DECLARATION

In respect of a transfer payment;

1. I authorise, instruct and apply to the transferring scheme to transfer sums and assets from the plan(s) as listed directly to D A Phillips & Co Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.
2. I authorise D A Phillips & Co Ltd, the provider of the plan(s) listed, any contributing Employer 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 D A Phillips & Co Ltd.
3. I accept that in order to comply with regulatory obligations, D A Phillips & Co Ltd and the transferring scheme named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
4. Until this application is accepted and complete, 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 D A Phillips & Co 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 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.
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).

Member Name:	<input type="text"/>
Scheme Name:	<input type="text"/>
Member Signature:	<input type="text"/>
Date	<input type="text"/>

DP Administration Ltd is registered in England
Registered No. 07967309

Please return your completed form to:

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Kent TN30 6FA

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Fax 01580 766 444

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