

## SIPPDEAL E-SIPP TRANSFER DISCHARGE FORM

Arrangement: Sippcentre SIPP

Member: David Smith

Account Number: SCC807093

**To be completed by the Member** (Please complete all parts)

Reason for transferring?  
(Please select all that apply)

Lower charges	<input type="checkbox"/>
Adviser recommendation	<input type="checkbox"/>
Consolidation	<input type="checkbox"/>
Greater flexibility	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

Did you receive advice in relation this transfer? Yes / No (please circle)

If yes, from whom did you  
receive advice?  
(Please insert details)

Name
Address
Telephone number

How do you wish to transfer your assets? CASH only ☐

IN-SPECIE ☐

Amount of transfer? All of my fund ☐ or amount £ \_\_\_\_\_

I hereby request you to transfer the amount specified above from the benefits to which I am entitled under the arrangement named above, and pay the transfer value to the receiving scheme stated below.

I declare that I am legally entitled to the benefits in question, which the arrangement secures. I agree that payment by you in accordance with these instructions will fully discharge A J Bell Management Limited and Sippdeal Trustees Limited from liability to provide benefits for me under the above arrangement, and I indemnify you against all claims or proceedings made against you in respect of the benefits to be transferred, and against all resulting losses and expenses, which you may incur.

I confirm that neither myself nor any party connected with me will be in receipt of any payment as a result of this transfer and its subsequent investment other than authorised pension and lump sum benefits, payable to me no earlier than from age 55.

Signed by the member in his/her capacity as member to the arrangement:

.....

Dated .....

**To be completed by the receiving scheme**

Arrangement:

Member:

Account Number:

I/We agree to accept the transfer payment from the above arrangement and confirm the receiving scheme is a registered pension scheme under Finance Act 2004.

Full name of receiving scheme

HMRC pension scheme tax reference

Scheme administrator's name:

Address:

Telephone number

Type of scheme  
(please select)

Occupational Scheme / SSAS	
Occupational Scheme / non SSAS	
SIPP / Personal Pension	
Other (please state)	

**Please complete this section if type of Scheme is an Occupational Scheme**

Pensions regulator reference number	
Sponsoring employer(s) name(s)	
Company number(s)	
Company registered address	
Employer relationship with member?	
Is the member also a Trustee? (If yes, please provide a copy of the deed of appointment)	
What is the name of the regulated investment service provider for the Scheme?	
FCA number for regulated investment service provider named above	

**Please complete this section if type of Scheme is a Personal Pension, SIPP or Other**

Scheme operators name	
Operators address	
FCA number	

**Scheme administrator bank details**

The transfer payment will be paid directly to the Scheme Administrator's bank (please note that it is not possible to issue a cheque).

*For security purposes we may call to confirm the bank account details:*

Bank name:	<input type="text"/>
Account name:	<input type="text"/>
Account number:	<input type="text"/>
Sort code:	<input type="text"/>
The reference to be quoted	<input type="text"/>

If the client has requested an in-specie transfer, can you please complete the following: -

**Stockbroker Details**

Name of stockbroker:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>
Account no / Reference	<input type="text"/>

Signed: ..... Dated .....  
(Authorised signatory of the receiving scheme)

Position: .....