



Retirement Capital  
Venture Wales Building  
Merthyr Tydfil  
CF48 4DR

01 May 2024

Dear sirs,

**Member** : **Mr G Bell**  
**@sipp Member No.** : **4490**

We have received a request from the above member to transfer their benefits from the above scheme to a new Self Invested Personal Pension with @sipp.

A copy of our transfer form is enclosed.

@sipp is approved under Chapter IV, Part XIV of the Income and Corporation Taxes Act 1988. Our PSTR number is 00605760RT and our ASCON number is A7001382A. We would be grateful if you could also send us a copy of your HMRC approval letter.

Should you require any further documentation to be completed by the member please contact them directly.

Please arrange for the funds to be paid to the following bank details:

|                        |  |
|------------------------|--|
| <b>Bank:</b>           | <b>Barclays Bank plc</b>                                       |
| <b>Account Name:</b>   | <b>AT SIPP (Pension Trustees) Ltd Re SIPP Receipts Account</b> |
| <b>Sort Code:</b>      | <b>20-33-70</b>  |
| <b>Account Number:</b> | <b>33833593</b>  |
| <b>Reference:</b>      | <b>4490 Bell</b>   |

Please email [pensions@atsipp.co.uk](mailto:pensions@atsipp.co.uk) to confirm safe receipt of this document and approx. timescales or highlight any issues that may delay the transfer.

Yours faithfully,

A handwritten signature in black ink that reads 'Shelley McWilliams'.

Shelley McWilliams  
Pension Administrator  
[pensions@atsipp.co.uk](mailto:pensions@atsipp.co.uk)

T 0141 204 7950  
F 0141 243 2257  
E [admin@atsipp.co.uk](mailto:admin@atsipp.co.uk)  
W [atsipp.co.uk](http://atsipp.co.uk)

@sipp Limited  
6<sup>th</sup> Floor, Mercantile Building  
53 Bothwell Street  
Glasgow, G2 6TS

Registered in Scotland No. 217126  
Authorised and Regulated by the Financial Conduct Authority

# TRANSFER IN APPLICATION



Please complete this form if you wish to transfer cash and/or assets from another registered pension scheme to @sipp. If you are transferring more than one plan please use a separate Transfer In form for each transfer.

## Part A Personal Details

### Member Details

@sipp Member Number  
(if applicable)

Permanent Residential  
Address

|                      |    |              |
|----------------------|----|--------------|
| 4490                 |    |              |
| Mr/Mrs/Miss/Ms/Other | Mr | Surname Bell |
| Forename(s) Grahame  |    |              |
| 7 Kilmardinny Drive  |    |              |
| Bearsden             |    |              |
| Postcode G61 9PD     |    |              |

## Part B Transfer Details

### Provider Details

Full name of the transferring  
Provider  
Address of the transferring  
Provider

Name of Contact

|  |                      |
|--|----------------------|
| Retirement Capital                     |                      |
| Venture Wales Building, Merthyr Tydfil |                      |
| Wales                                  |                      |
| Postcode CF48 4DR                      |                      |
| Emily McAlister                        | Tel No 0330 311 0088 |

**Scheme Details**

Full name of transferring pension scheme

ATLAS AIR CONDITIONING SSAS

PSTR No. (required)

Transferring scheme policy number

Approximate fund value to be paid to @slpp

£ 1,220,908.87

Does this represent the full value of the transferring plan?

Yes  No

Is the transfer:

a) Subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders?

Yes  No

Where you have selected YES above, please supply further details.

b) Part of a block transfer?

Yes  No

c) From an occupational pension scheme, or from an individual contract, with guaranteed benefits?

Yes  No

Where you have selected YES above, please confirm whether:

You have been recommended by your financial adviser to transfer these guaranteed benefits

You have been recommended by your financial adviser not to transfer these guaranteed benefits

You have not received any financial advice in relation to the transfer of these guaranteed benefits

d) For the purposes of enabling you to access your pension savings?

Yes  No

e) An in specie transfer?

Yes  No

## Part C Assets To Be Transferred

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Cash                       Property(ies)\*                       Other Assets\*\*

\* A Property Questionnaire and a current valuation is required for each property to be transferred.

\*\*Please give details of the assets to be transferred by completing the Schedule at the end of this form.

Any cash fund transferred will be deposited in the member's SIPP bank account until instructions are received by @sipp to invest in other asset classes or deposit accounts.

## Part D Benefits

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Please indicate which of the following statements will apply to the Transfer:

- i) I have received benefits from the transferring pension scheme
- ii) I have not received benefits from the transferring pension scheme

Are the funds being transferred:

- (a) already entirely in drawdown
- (b) already partially in drawdown
- (c) not in drawdown

## Part E Declaration

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### 1. Request to Transfer

- I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in PART B of this application directly to @sipp and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise @sipp, the current provider, any contributing employer and any financial adviser 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 @sipp.
- Until this application is accepted and complete, @sipp's responsibility is limited to the return of the total payment(s) to the current provider(s).
- Where the payment is made to @sipp as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in PART B of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by payment if only part of the plan(s) is transferring.
- I have read any information provided or made available to me by the current provider in connection with this transfer.
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that @sipp 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.

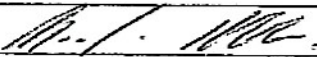
**2. Transfers Into the Scheme**

- I request that @sipp accepts the transfer of the funds from the current provider detailed listed in PART B of this application. I hereby request that @sipp apply such transfer payment so to not constitute a separate arrangement for the purposes of Part 4 of the finance Act 2004, where possible, unless I and @sipp expressly agree otherwise.

**3. Cancellation Rights**

- I acknowledge under current rules I have the right to cancel my transfer within 30 calendar days of @sipp accepting my transfer request.
- I acknowledge that on receipt of the transfer of funds @sipp will invest these according to my instructions.
- I acknowledge and accept I might not get back the amount originally invested, if I exercise my right to cancel the transfer.
- I acknowledge and accept the amount I will receive will be the realisation value of the investment less any applicable charges.

Member's Signature



Date

20 03 24

## Part F Financial Adviser

Please give details of your financial adviser.

Adviser's Name

Russell Davidson

Company Name

Davidson Asset Management Ltd

Address

16 Sandyford Place

Glasgow

Postcode G3 7NB

Email [simon@damgoodpension.com](mailto:simon@damgoodpension.com)

Tel No 01412222045

Fax

FCA Number

225286

For transfers made after the inception of plan

Fees – Is your Financial Adviser to be paid an initial fee for this transfer from your designated SIPP bank account?

Yes  No

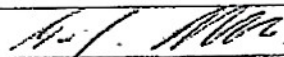
If YES please complete below:

|             | Amount                           | or | % of Initial Investment          |
|-------------|----------------------------------|----|----------------------------------|
| Initial Fee | £ <input type="text" value="0"/> |    | <input type="text" value="0"/> % |

Where an annual fee is being paid, it will continue to be paid at review date.

I can confirm that the fee is to be paid from fund in my designated SIPP bank account and that I will ensure sufficient cleared funds are available to pay the fee when due for payment. I understand that @sipp may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.

Member's Signature



Dated



User Name: (A0132521)  
PSTR 00605760RT

**Pension Scheme Summary**

Pension Scheme Name @ SIPP  
Pension Scheme Tax Reference (PSTR) 00605760RT

- > [View current scheme details](#)
- > [Amend scheme details](#)

**Registration**

Registration for Tax 05 Apr 2006 [View](#)  
Relief at source 27 Jan 2017 [View](#) [Amend](#)

**Reporting**

Please select the type of report below:

- > [Accounting for Tax](#)
- > [Registered Pension Scheme Return](#)
- > [Event Report](#)

**Scheme Administration**

Please select an option below:

- > [Scheme Administrator management](#)
- > [Practitioner management](#)

**Pension Service Notices for Scheme**

You have 62 notices for this Pension Scheme

- > [View notices](#)