

Transfer Out Form

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The scheme operator of the ii SIPP is Interactive Investor Services Ltd. The authorised practitioner carrying out the day to day administration of the scheme is BW SIPP LLP. Investor SIPP Trustees Limited, a subsidiary of Interactive Investor Limited, is the Trustee of the scheme. HMRC pension scheme tax reference (PTSR) number 00835804RJ.

1. Account holder's details	
Title First name(s)	Address
MR DAVID	1 Bruncketts,
Surname	Halls Lane, Waltham St Lawrence,
IRVING	RG10 0JE
National Insurance Number	
P B 5 9 2 6 5 6 A	
SIPP Account Number	Date of Birth
0 9 6 1 7 5 0	
Have you received advice in relation to this transfer? (if yes	complete details below) Yes No
Advisor's name	Address
Phone number	
2. Receiving scheme administrator's details	
Full name of receiving scheme	Scheme administrator's address
Whiterock Ventures Ltd Pension Scheme	1a Park Lane, Poynton, Stockport,
Scheme administrator's name	England, SK12 1RD
RC Administration Ltd	



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Plan / policy number	Phone number
20002809RL	0330 311 0088
3. Transfer details	
Please transfer my SIPP assets as follows: (if you are only transeparate sheet)	nsferring part of your investments, please list these on a
Transfer all assets (Stock and Cash)	
Transfer Cash	You'll need to sell all current investments prior to transfer
OR: Transfer only the following:	
Cash* £ 300,000	
Stocks	Please list stocks on a separate sheet
Method of payment for a cash transfer	BACS (no charge) 3-5 working days CHAPS (£30+VAT) Same day

4. Declaration

Important notes

If you wish to transfer any part of your fund it is your responsibility to ensure that there are sufficient funds (if it is to be a cash transfer), or to specify the assets to be transferred (for an 'in-specie' transfer).

A transfer may invalidate a Protection against a Lifetime Allowance Charge for which you have registered, or plan to register in the future for.

You should read the "Pension scams booklet" which explains how you can protect yourself against falling for a pension scam and losing your pension savings. You can read this <u>here</u>, or download the booklet from our website at www.ii.co.uk > Useful Forms > SIPP documents > Useful guides.

We will only process a transfer to an overseas scheme where we can be satisfied that it is a Qualifying Recognised Overseas Scheme (QROPS) as defined by HMRC regulations. You, and / or the receiving scheme, will usually need to provide us with documentation relating to the scheme and you should bear in mind that our enquiries may take some time to be completed.

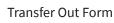
Account holder's declaration

I confirm that I wish to transfer my SIPP to the Registered Pension Scheme shown in Section 5. I authorise Interactive Investor Services Limited and BW SIPP LLP to provide the Scheme Administrator named with any information that they require in respect of this transfer.

I confirm I have not sought or received any advice from Interactive Investor Services Limited, BW SIPP LLP or Investor SIPP Trustees Limited relating to this transfer.

I confirm that if the payment made and/or assets transferred constitute a full and final discharge in respect of the









transfer, I shall have no further claim against Investor SIPP Trustees Limited and BW SIPP LLP in relation to the transfer. I understand that the transfer will not be finalised until all fees due to Investor SIPP Trustees Limited and BW SIPP LLP, including all fees in relation to this transfer, have been paid in full.

I understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

I confirm that the information I have provided is, to the best of my knowledge, true and complete.

I confirm that I have read the "Pension scams booklet" and have no concerns in relation to making this transfer as a result.

I authorise and instruct you to transfer funds from my SIPP as listed in Section 3 of this form directly to the receiving provider. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from my SIPP.

I authorise you to release all necessary information to the receiving provider to enable the transfer of funds to the receiving provider.

I authorise you to obtain from and release to any financial intermediary named in Section 1 of this form, any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in Section 1 of this form, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, the receiving provider's responsibility is limited to the return of the total payment(s) to my SIPP.

Where the payment(s) made to the receiving provider represent(s) all of the funds under the plan(s) listed in Section 1 of this form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to the receiving provider represent(s) part of the funds under the plan(s) listed in Section 1 of this form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I accept responsibility in respect of any claims, losses and expenses that may be incurred by the receiving provider, Investor SIPP Trustees Limited and BW SIPP LLP as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

Account holder's signature	Date
Mhy	0 8 / 0 6 / 2 0 2 0

On receipt of your completed form, we will contact the administrators of the receiving scheme to ask them to complete the next section. Once returned to us, we will work with the receiving scheme administrator to arrange the transfer.



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5. To be completed by the receiving scheme administrator

I/We agree to accept the transfer from the above SIPP account and confirm the receiving scheme is registered under Part 4 of the Finance Act 2004 and is able to accept transfers of crystallised or uncrystallised funds.

HMRC pension scheme tax reference (PTSR) number*	
20002809RL	
*Please provide us with a copy of your HMRC approval letter status of the scheme.	or HMRC registration certificate confirming the recognised
Type of scheme	
Occupational Scheme X	SIPP/Personal Pension/Stakeholder Pension
SASS	Retirement Annuity
Deferred Annuity / Section 32 Buy Out	QROPS
Other (please state)	
Scheme Name	Address
Whiterock Ventures Ltd Pension Scheme	1a Park Lane, Poynton, Stockport,
Contact Name	England, SK12 1RD
Esther Salmon	
Telephone number	
0330 311 0088	
Date scheme registered with HMRC	Postcode
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	S K 1 2 1 R D
Please complete for Occupational Scheme's:	
The Pensions Regulator scheme reference number (PSR)	Address of Scheme Administrator
N/A - One member scheme	1a Park Lane, Poynton, Stockport, England, SK12 1RD
Company registration number (CRN)	
7229245	
Sponsoring employer's name	
WHITEROCK VENTURES LTD	
Is the member also a Trustee?* Yes X No	*include a copy of the deed of appointment



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"Please complete for Personal Pensions, SIPPs, Stakeholder Pensions, Retirement Annuity Contracts	
Name of scheme provider or operator	FCA Firm reference Number (FRN)
Scheme administrator's bank details	
The transfer payment will be paid directly to the bank account note that it is not possible to issue a cheque). For security per	
Bank name	Account Number
Allied Irish Bank(GB)	
Account name	Sort Code
Whiterock Ventures Ltd Pension Scheme	2 3 8 3 9 6
Reference to be quoted	
Whiterock - ii	
We declare that the above information is true and complete We confirm that the funds transferred will be applied to prove Registered Pension Schemes. We give permission for HMRC status and registration of our scheme.	vide benefits consistent with the legalisation covering
Name	Position
Esther Salmon	Scheme Administrator
Signed (Authorised signatory for the scheme provider)	Date
Esther Salmon	





6. Investment Services provider's details

Name of broker	Address
Account number/reference	
Phone number	
Name	Position
Signed (Authorised signatory for the broker)	Date D D / M M / Y Y Y

If you have requested a transfer of stocks and shares (in-specie), please complete the following: