



InvestAcc
PENSION
ADMINISTRATION LTD

Small Self-Administered Scheme

SSAS

Transfer In Request →

To be completed by the Scheme Member

Receiving SSAS Scheme Name

Member Details:

Full Name of Member	
Address of Member	
	Postcode
National Insurance Number	Date of Birth: (DD/MM/YY)

I wish to transfer my entitlement to benefits from the following pension scheme to the above Small Self-Administered Scheme (SSAS) administered by InvestAcc Pension Administration Limited.

Full Name of Transferring Scheme	
Plan Number	HMRC Pension Scheme Tax Reference
Address of Transferring Scheme	
	Postcode
Contact Name (if known)	

I wish to transfer my uncrystallised pension arrangements

Yes - please insert estimated amount of transfer here:

£

If you have answered yes above, does the amount above represent the full value of the plan?

Yes No

I wish to transfer my crystallised pension arrangements

Yes - please insert estimated amount of transfer here:

£

If you have answered yes above, does the amount above represent the full value of the plan?

Yes No

Is the current plan subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders?

Yes No

Does the transfer include funds held in any type of occupational pension scheme and / or include any safeguarded benefits such as guarantees, defined benefits or derive from a cash balance arrangement?

Yes No (if 'yes', we cannot accept the transfer unless you have received financial advice)

Have you taken any payments from this pension policy / scheme? Yes No**If 'Yes' are you currently drawing a pension income from this pension policy / scheme?** Yes No

If 'Yes' please complete our Benefit Payment Form if you wish to continue receiving payments after this transfer.

Financial Adviser Details**Have you received advice regarding this transfer from a suitably qualified financial adviser who is authorised and regulated by the Financial Conduct Authority (FCA)?** Yes No

If 'Yes' please provide details:

Financial Adviser Firm Name		
FCA Number (Principal Firm)	FCA Number (Appointed Representative)	
Individual Adviser Name	FCA Number (individual adviser)	
1st line of address		
2nd line of address		
City	County	Postcode
Telephone Number	Fax Number	
Email Address		

Members Declaration

I hereby consent to InvestAcc Pension Administration Limited requesting the transfer of my entitlement to benefits from the above named scheme, and for InvestAcc Pension Administration Limited to obtain relevant details from this scheme.

I understand any 'Enhanced Protection' will be lost if the transfer is not a 'permitted transfer' as defined by HMRC.

I understand that any entitlement to take lump sum rights in excess of 25% may only be retained on transfer provided the transfer is part of a block transfer as defined by HMRC. However, I understand that if this lump sum figure is over

£375,000 and I have enhanced or primary protection the lump sum on these certificates will take precedence.

I understand that any low retirement age may only be retained on transfer if it is part of a block transfer as defined by HMRC.

I understand that it will not be possible to pay any benefits or invest the funds that are transferred until all relevant transfer information has been received.

Signed	Date
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