

Small Self-Administered Scheme

SSAS

Transfer In Request

Please read this application form and the notes carefully.

If you have any questions about the completion of this form, please contact the SSAS team on 01228 538 988.

Sending us your completed application

The completed and signed application should be sent to our Carlisle Head Office by post, or by email to ssas@investacc.co.uk or delivered in person during office hours.

Emailed applications must be high quality scans (not photographs).

Note that whilst we are usually happy to accept this form by email, you may be asked to provide original applications for any investments and some pension transfers (this will depend on the transferring scheme).

Digital signatures or electronic signatures

You may be able to complete this form and sign it without the need to print it out, if you have the free Adobe Acrobat Reader with the 'fill and sign' option, which allows you to add a signature. Note that this must clearly be your actual signature, not a handwriting font or similar. We reserve the right to refuse applications or to ask for evidence of signature, such as that on a driving license or passport, or to obtain a traditional wet signature.

We may also accept applications signed using DocuSign or Adobe Sign, but only where an FCA regulated financial advice firm has one of these systems and provides to us the completed documents, accompanied by the DocuSign Certificate of Completion or Adobe Final Audit Report.

To be completed by the scheme member

Receiving SSAS scheme name				
Member details:				
Weitibei details.				
Full name of member				
Address of member				
			Postcode	
National insurance number	Date of birth			
I wish to transfer my entitlement to benefits from the following po (SSAS) administered by InvestAcc Pension Administration Limite			above Small Self-Adm	inistered Scheme
Full name of provider				
Full name of transferring scheme (if known)				
Policy or plan number HMRC pension scheme ta		scheme tax	reference	
Address of transferring scheme				
			Postcode	
Contact name (if known)				
Approximate value of uncrystallised arrangements to be transferred:		٤		
Does this represent the full value of the plan?				
Yes No				
Approximate value of crystallised arrangements to be transferred:		£		
Does this represent the full value of the plan?				
○ Yes ○ No				
Please indicate the status of the sums and assets being tra	nsferred (you	u must s	select one option):	
Is the current plan subject to any existing or proposed trust sharing orders, or other receiving orders? If yes, please pro				or pension
Yes No	vide details	unu atta	оп а сору.	

balance arrangemen		benefits such as gua	rantees, defined benefits o	r derive from a cash
O Yes O No				
If 'Yes' we cannot ac	cept the transfer unless y	ou have received finan	cial advice which positively re	ecommends this transfer.
Are any of the asset	s being transferred in-s	pecie?		
O Yes O No				
	ete the information requed d Questionnaire for In-Spo		ty is to be transferred in 'in-s leted.	oecie' please also ensure our
Details of any	assets to be trar	nsferred in-spe	cie	
	s of the investments you veen pension schemes, wi		n-specie basis (in other word	s, those holdings which you
Name of Investment	Type of Investment	Provider	Reference Number	To be transferred in-specie?
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
				O Yes O No
types of investment		nsferred on an in-spe	es or a letter confirming detai	
Note that you will no re-register these inv		viders of the above in	nvestments to request the a	appropriate paperwork to
If you are in doubt as provide financial advice		orm, please contact us	s or your financial adviser. No	te that InvestAcc does not
Have you taken any O Yes O No	payments from this per	nsion policy / scheme	?	
If 'Yes' are you currer Yes No	ntly drawing any payment	s from this pension po	licy / scheme?	
If 'Yes' please comple	ete our Benefit Payment F	Form if you wish to cor	ntinue receiving payments after	er this transfer.

Financial adviser details

O Vos O No

2nd line of address

Telephone Number

Email address

City

regulated by the Financial Conduct Authority (FCA)?

O res O 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	

Have you received advice regarding this transfer from a suitably qualified financial adviser who is authorised and

By submitting this application form to us, the financial adviser firm above confirms acceptance of our current intermediary terms of business, available on our website: www.investaccpensions.co.uk/termsofbusiness

Fax number

Postcode

Member's Declaration

I hereby consent to InvestAcc requesting the transfer of my entitlement to benefits from the above named scheme, and for InvestAcc 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 legislation.

County

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 legislation. 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 legislation.

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.

I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in the appropriate section of this application directly to the receiving scheme and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise InvestAcc, 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 the receiving scheme.

I accept that in order to comply with regulatory obligations, InvestAcc and the current provider 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.

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

When payment is made to the receiving scheme as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the appropriate section of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that InvestAcc 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.

I have read any information provided or made available to me by InvestAcc in connection with this transfer.

ned			Date	
Financ	ial adviser declar	ration		
			ided regulated advice on the transfer	detailed or
this form.				
) Yes	O No			
lf 'Yes' do	es the transfer include s	safeguarded benefits?		
O Yes	O No			
lf 'Yes' I h	ave provided a positive	personal recommendation to t	transfer the safeguarded benefits to t	his SSAS?
) Yes	O No (if 'no', this trans	fer cannot proceed)		
Adviser sign	ature		Date	
Name (indivi	idual adviser):			



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