



HERITAGE
P E N S I O N S

**TRANSFER IN OF EXISTING PENSION
FUNDS APPLICATION FORM**

PLEASE RETURN THIS FORM TO:

Heritage Pensions Limited
6 Doolittle Mill
Froghall Road
Amphill
Bedfordshire
MK45 2ND

Member Details

Name

Permanent residential address

Postcode

Date of birth

Email address

Please provide details of the benefits you wish to transfer into your SIPP.

Please complete additional forms for each additional transfer.

Transferring Plan/Providers Details

Name

Address

Postcode

Telephone number

Transferring Plan/Scheme Details

Plan/scheme type

In this an occupational scheme?

Yes

No

Plan/scheme name

Anticipated transfer value

£



Does the transfer value represent the full value of the plan/scheme? Yes No

Have you previously taken benefits from the plan/scheme? Yes No

If Yes, we cannot accept a partial transfer

Is this transfer part of a block transfer? Yes No

Is this plan/scheme subject to a pension sharing/earmarking order? Yes No

Is this plan/scheme subject to a protected lump sum? Yes No

If Yes, the protection will be lost if not part of a block transfer

Is this plan/scheme subject to a protected pension age? Yes No

If Yes, the protection will be lost if not part of a block transfer

If the transfer includes 'assets' in-specie please provide full details below

Transfer Authority

I authorise and instruct you to transfer funds from the above plan/scheme directly to my SIPP administered by Heritage Pensions Limited.

I authorise you to release all necessary information requested by Heritage Pensions Limited to enable the transfer to complete.



Declaration

I promise to accept responsibility in respect of any claims, losses and expenses that Heritage Pensions Limited may incur as a result of any incorrect information given above.

I confirm Heritage Pensions Limited has not provided me with any advice concerning the suitability of the transfer.

Member's signature

Dated

