



HERITAGE PENSIONS

TRANSFER IN OF EXISTING PENSION FUNDS APPLICATION FORM

PLEASE RETURN THIS FORM TO:

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

1 Member Details

| | |
|-------------------------------|--|
| Name | <input type="text"/> |
| Permanent residential address | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> |
| Date of birth | <input type="text"/> |
| Email address | <input type="text"/> |

Please provide details of the benefits you wish to transfer into your SSAS.
Please complete additional forms for each additional transfer.

Transferring Plan/Providers Details

| | |
|------------------|--|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> |
| Telephone number | <input type="text"/> |

Transferring Plan/Scheme Details

| | |
|---------------------------------|--|
| Plan/scheme type | <input type="text"/> |
| In this an occupational scheme? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Plan/scheme name | <input type="text"/> |
| Anticipated transfer value | £ <input type="text"/> |



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 SSAS administered by Heritage Pension Administration Limited.

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



Declaration

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

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

Member's signature

Dated

