



If you have any questions, please call our Customer Services Team on

**01382 573737**

Calls may be monitored for training or security purposes.



**Alliance Trust Savings**

# Self-Invested Pension Plan (SIPP)

## Transfer In Request Form for Direct Customers

### Section A – Instructions to Alliance Trust Savings

Please complete Sections A and B in block capitals and black ink.

If you don't currently have a SIPP Account with Alliance Trust Savings, you must also complete an *Application Form*. You can download this from our website [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or contact our Customer Services Team on **01382 573737**.

Before making any investment instructions, it's important that you read our *Charges Guide* and the SIPP documentation, particularly the *Key Facts*. You can access these on our website [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk). Dealing by post will incur a higher charge than online.

Completed forms should be sent to Alliance Trust Savings, PO Box 164, 8 West Marketgait, Dundee, DD1 9YP.

#### 1. Personal details

Client Reference Number: (if you are already an Alliance Trust Savings customer)

Title:  Daytime number:

First name(s):  Mobile number:

Surname:  Email address:

Address:

Postcode:

How would you prefer to be contacted regarding your transfer? Post  Phone  Email

Date of birth:

#### 2. Nationality

You are a national of any country for which you hold a passport (or could, if you applied for one). Failure to provide this information will mean your transaction will be rejected.

##### UK nationals

I confirm I am a national of the United Kingdom  My National Insurance Number is:

##### Dual and other nationals

Please tell us any other country or countries of which you are a national. If you have more than two nationalities we only need to know about the two you most frequently use (including your UK nationality where applicable). We also require your Personal Identifier. You can find this information on the *Personal Identifier Reference List*.

Country	Your Personal Identifier
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 3. Investment instructions

When we receive your cash, we will hold it in the **Cash** Account. You can then make your investment instructions online. If you require online access, you can request this by calling our Customer Services Team on 01382 573737.

### 4. Fund conversion – applicable to holders of retail share class funds only

Alliance Trust Savings will automatically convert retail share classes to new clean share class equivalents where the net Annual Management Charge (AMC) is equal or lower. If the net AMC is higher, we will proceed with the conversion to the clean share class equivalent unless you indicate below that you do not wish this to happen. A small proportion of funds do not have a clean share class equivalent. In this instance, you will remain within the retail share class.

I do not wish to convert to the clean share class equivalent if the net AMC is higher.

### 5. Declarations

- I confirm that this form relates to a proposed transfer to my Alliance Trust Savings SIPP.
- I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section B directly to Alliance Trust Savings and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise Alliance Trust Savings, the current provider/s and any financial intermediary 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 Alliance Trust Savings.
- I authorise Alliance Trust Savings, the current provider and any employer paying contributions to any of the plan/s as listed in Section B 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 Alliance Trust Savings.
- Until this application is accepted and complete, Alliance Trust Savings' responsibility is limited to the return of the total payment(s) to the current provider(s).
- When payment is made to Alliance Trust Savings as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section B 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 Alliance Trust Savings 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. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
- I accept that Alliance Trust Savings Limited are unable to advise me on the merits of the transfer and I confirm that I have not received any advice in respect of the proposed transfer from Alliance Trust Savings Limited or from any of their employees.
- I understand that the actual amount or value of the transfer payment may change between the date of my request and the date that it is received by Alliance Trust Savings Limited.
- I am satisfied that the consequences of this transfer on protection of my pension entitlements that arose before 6 April 2006 are acceptable to me.
- I instruct Alliance Trust Savings Limited, once they have confirmed acceptance of this transfer payment, to apply the transfer payment under the Scheme, in terms of the SIPP agreement. I confirm that I have read and saved a copy the SIPP documentation, particularly the Key Facts.
- I understand that when the transfer payment is received it will remain in the Deposit Account until such time as I ask you to arrange for it to be invested.
- To the best of my knowledge and belief all information given on this form is true, correct and complete.

Signature: 

Date: | D | D | M | M | Y | Y |

Print name:

Please now complete Section B.

#### Alliance Trust Savings

PO Box 164, 8 West Marketgait, Dundee DD1 9YP

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Alliance Trust Savings Limited is a subsidiary of Alliance Trust PLC and is registered in Scotland No. SC 98767, registered office, PO Box 164, 8 West Marketgait, Dundee DD1 9YP; is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, firm reference number 116115. Alliance Trust Savings gives no financial or investment advice. Calls may be recorded for training and security purposes.



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**Alliance Trust Savings**

# Self-Invested Pension Plan (SIPP)

## Transfer In Request Form for Direct Customers

### Section B – Instructions to the manager of the transferring pension scheme

#### 1. Transfer details

Please note that we do not accept transfers from defined benefit public sector schemes or overseas transfers.

##### 1(a) Your personal details

<p>Current plan number: _____</p> <p>Full name of current pension scheme where known: _____</p> <p>Title: _____</p> <p>First name(s): _____</p> <p>Surname: _____</p> <p>Date of birth:   D   D   M   M   Y   Y   _____</p>	<p>Address: _____</p> <p>Postcode: _____</p> <p>Daytime number: _____</p> <p>Mobile number: _____</p> <p>Email address: _____</p> <p>National Insurance number: _____</p>
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##### 1(b) Current Provider details

<p>Full name of the current provider: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Phone number: _____</p>	<p>Approximate fund value to be paid to Alliance Trust Savings: £ _____</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is this transfer from overseas? If 'Yes', we cannot accept this transfer. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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We will not process your transfer until your existing scheme provides us with all the information we require and confirm that they are willing and able to transfer.

#### 2. Type of transfer

##### 2(a) Open Market Options

Is this transfer in respect of an Open Market Option? Yes  No  If 'Yes', we cannot accept this business, as these monies must be used to purchase an annuity.

##### 2(b) Type of transferring scheme

Is the transfer coming from a defined benefit scheme (often referred to as a final salary or a career average scheme) or in respect of safeguarded benefits, such as guaranteed annuity rates? If you are unsure, please ask your current pension provider for confirmation. Yes  No

If 'Yes', please confirm you are receiving advice from a Financial Adviser and the transfer is not from a defined benefit public sector scheme? Yes  No

## 2. Type of transfer (continued)

### 2(c) Lump sum protection as part of a block transfer

Is the transfer part of a block transfer from an occupational pension scheme where you are entitled to a lump sum in excess of 25% of your transfer value? Yes  No

If you have answered 'Yes' to any of the questions in 2b or 2c, your Financial Adviser needs to submit a completed *Pension Transfer With Safeguarded Benefits Form* with this transfer request form. This form will confirm that they have the required permissions, have undertaken the necessary checks and advised that this transfer is in your best interests. We do not accept transfers from defined benefit schemes on a non-advised basis. We also do not accept public defined benefits schemes. If you are unsure, please contact your current pension provider.

### 2(d) Transfer in respect of a divorce settlement

Is this transfer in respect of a divorce settlement? Yes  No

Please provide a copy of the pension sharing order.

If 'Yes', does it relate to benefits already in payment? Yes  No

### 2(e) Are you in drawdown?

Have you taken any benefits from this policy? Yes  No

If 'Yes', are you currently taking income? Yes  No

Have you taken all or part of your 25% Tax Free Cash? Yes  No  Partial

If 'Yes', is the whole of your pension fund being used for income withdrawal? Yes  No

### 2(f) HMRC protection certificate

Do you have a HMRC protection certificate? Yes  No

If 'Yes', please send the original certificate to allow us to update your Account. Alternatively, you can provide your Client Reference Number if it is a Fixed or Individual Protection 2016.

Client Reference Number:  |  |  |  |  |  |  |

## 3. Transferring your pension

Do you wish to transfer the full value of the current plan? Yes  No

If 'Yes', go to Section 3a

If 'No', go to Section 3b

### 3(a) Transfer my Pension in full

Indicate below how you wish to transfer your Pension to Alliance Trust Savings.

Cash only

Investments or a mix of Investments and Cash

Confirm in declaration in Section 4 that you are authorising your provider to sell your Investments to Cash prior to transfer, please note that your provider might apply a charge for the sales.

Complete the Investment details in Section 3c.

### 3(b) Transfer only part of my Pension

Amount to be transferred (This is the approximate value and will depend on share prices at the time of sale): £

Indicate below how you wish to transfer your Pension amount to Alliance Trust Savings.

Cash only

Investments or a mix of Investments and Cash

Confirm in declaration in Section 4 that you are authorising your provider to sell your Investments to Cash prior to transfer, please note that your provider might apply a charge for the sales.

Complete the Investment details in Section 3c.

### 3(c) Investments to be transferred in-specie or sold to cash

#### Investments to be transferred

Investment name	ISIN/SEDOL (if known)	Transfer in-specie	Sell and transfer as cash
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO



**Alliance Trust Savings**

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