



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

01382 573737

Calls may be recorded for training and monitoring purposes. Lines are open 8am – 5pm Monday to Friday.



Self-Invested Pension Plan (SIPP)

Transfer In Request Form for Advised Clients

Section A – Instructions to Alliance Trust Savings

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

This form should only be used if you have a Financial Adviser. If you need assistance with any aspect of this form please contact your Financial Adviser.

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 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. Please note 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.

If you require assistance with any aspect of this form, you should speak with your Financial Adviser. They can also apply on your behalf online at www.alliancetrustsavings.co.uk/adviser.

1. Personal details

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

Title: Date of birth:

First name(s): Daytime number:

Surname: Mobile number:

Address: Email address:

Postcode:

2. Investment instructions

When we receive your cash we will hold it in your account as cash. Your Financial Adviser can then make your investment instructions online. If you require online access you can request this from your Financial Adviser. By investing online our lower online dealing charges will apply. Please consult the *Charges Guide* for details on the rates relevant to your product. This is available from your Financial Adviser. Please note if you fail to pay charges related to your account we will reserve the right to disinvest assets in order to pay any outstanding charges. We offer a wide range of investments, your Financial Adviser can provide you with a list of the investments we offer.

3. 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.

Alliance Trust Savings
PO Box 164, 8 West Marketgait, Dundee DD1 9YP
T +44 (0)1382 573737 F +44 (0)1382 321183 E contact@alliancetrustsavings.co.uk alliancetrustsavings.co.uk

Alliance Trust Savings Limited 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 Limited gives no financial or investment advice. 'Alliance Trust Savings', 'ATS' and 'AT Savings' are all brand names of Alliance Trust Savings Limited together with the 'Alliance Trust Savings' logo are owned by and used with the permission of Alliance Trust PLC, the previous owner of Alliance Trust Savings Limited.

4. Declarations

- I confirm that this form relates to a proposed transfer to my Alliance Trust Savings SIPP.
- 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).
- 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 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.



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Self-Invested Pension Plan (SIPP)

Transfer In Request Form for Advised Clients

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

Current plan number:

Full name of current pension scheme where known:

Title:

First name(s):

Surname:

Date of birth: | D | D | M | M | Y | Y |

Address:

Postcode:

Daytime number:

Mobile number:

Email address:

National Insurance number:

1(b) Current Provider details

Full name of the current provider:

Address:

Postcode:

Phone number:

Approximate fund value to be paid to Alliance Trust Savings: £

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

Is this transfer from overseas? If 'Yes', we cannot accept this transfer.

Yes No

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? Please provide a copy of the pension sharing order. Yes No 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? 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

4. Declaration and signature

- I authorise and instruct you to transfer funds from the plan(s) as listed in Section B directly to Alliance Trust Savings. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed in Section B.
- I authorise you to release all necessary information to Alliance Trust Savings to enable the transfer of funds to Alliance Trust Savings.
- I authorise you to obtain from and release to the Financial Adviser named in this application any additional information that may be required to enable the transfer of funds.
- If an employer is paying contributions to any of the plans as listed in this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).
- 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).
- Where the payment(s) made to Alliance Trust Savings represent(s) all of the funds under the plan(s) listed in this application, then payment made as requested will discharge the current provider(s) of all claims and responsibilities in respect of the plan(s) listed.
- Where the payment(s) made to Alliance Trust Savings represent(s) part of the funds under the plan(s) listed in this application, then the current provider(s) will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that Alliance Trust Savings and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

Signature: 

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

Print name: _____

Alliance Trust Savings

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

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