

Alliance Trust Full SIPP

Transfer details

If you are to arrange a transfer payment to your Alliance Trust Full SIPP please complete this form then return it to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

If you have not already completed the application form, please complete and sign it and return it to us with this form. If you are to arrange more than one transfer, you must use a separate transfer details form for each transfer. Please note, we do not accept transfers of protected rights from which you are currently taking income drawdown.

Please complete in block capitals and black ink.

Part 1 – Personal details

Title	<input type="text"/>	Client reference number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>								

Part 2 – Please complete this part in all cases

(a) Name of transferring scheme

(b) Total amount of transfer payment

Total amount of transfer payment	£	<input type="text"/>
Does the Total Amount of transfer payment include any contracted-out or protected rights? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For the contracted-out or protected rights, please confirm the value (if any) safeguarded rights:	£	<input type="text"/>
If Yes, please provide a breakdown of the Total Amount of transfer payment between:		
Contracted-out or protected rights benefits	£	<input type="text"/>
Non-protected rights	£	<input type="text"/>

All amounts stated by me are the current values at the date of this form.

(c) Income drawdown

Are you currently taking income drawdown (unsecured pension or alternatively secured pension) from the non-protected rights in the transferring scheme? (Please tick) Yes No

If No, please proceed to (d).

If Yes, is the whole of your pension fund being used for income drawdown? (Please tick) Yes No

Please remember, we cannot accept transfers of protected rights from which you are currently taking income drawdown.

(d) Name/address of the transferring scheme or insurance company

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

(e) Your reference or policy number

Reference or policy number

(f) Transfer from another SIPP

Is this transfer from another self-invested personal pension(SIPP)?
(Please tick)

Yes

No

If Yes, please proceed to (h).

(g) Lump sum protection as part of a block transfer

Is this 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? (Please tick)

Yes

No

(h) Transfer in respect of a divorce settlement

Is the transfer in respect of a divorce settlement? (Please tick)

Yes

No

If No, please proceed to (i).

If Yes, does it relate to benefits that are already in payment? (Please tick)

Yes

No

(i) Tax-free cash/income drawdown

Are you over 50 and want to take a tax-free cash sum and/or income drawdown when this transfer payment has been accepted by us? (Please tick)

Yes

No

(j) Transfer in-specie

Will any part of the transfer be an in-specie transfer of assets? (Please tick)

Non Protected Rights

Yes

No

Protected Rights

Yes

No

If Yes to either question, please provide a copy of the latest valuation you hold showing details of the assets to be transferred. If the valuation does not show it we will need to know details of the split of the assets between Non Protected and Protected Rights. Please proceed to Part 3 below. Alliance Trust Savings Limited will arrange the transfer and will quote the fee for this before proceeding.

(k) Who will arrange the transfer?

If the transfer just comprises a cash transfer of Non-Protected Rights would you like Alliance Trust Savings Limited to arrange the transfer of the Non-Protected Rights? (Please tick)

Yes

No

If Yes, please complete the declaration in Part 3 below. There will be a fee of £100 (plus VAT) for arranging the transfer.

If No, you, or your adviser, will be responsible for arranging the transfer. There will be no fee for processing the transfer. Please complete the declaration in Part 3 below, and then arrange the transfer as indicated in Part 4.

Please note if the transfer includes Protected Rights this will be arranged by Alliance Trust Savings Limited. Separate transfer-in fees will apply to the non-protected rights and the protected rights.

No benefits will be due under the Alliance Trust Full SIPP until we receive all the forms and accept the transfer payment.

Part 3 – Declaration

I confirm that this form relates to a proposed transfer to my Alliance Trust Full SIPP.

I request the transferring scheme, or insurance company, specified above to transfer the value of my benefits to the Trustee and Scheme Administrator of the Alliance Trust Personal Pension Plan, and to accept instructions in respect of the transfer on my behalf from Alliance Trust Savings Limited and to disclose all information relevant to the transfer to them.

I accept that the Trustee and 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 the Trustee, 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 the Trustee or Alliance Trust Savings Limited.

Member's name

Member's signature

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 understand that if I have requested Alliance Trust Savings Limited to arrange the transfer, Alliance Trust Savings Limited will make a charge for arranging the transfer. I understand that if I or my adviser are to arrange the transfer then it is my responsibility to ensure completion of all the actions set out in Part 4 of this form.

I understand that when the transfer payment is received it will remain in my SIPP bank account, earning interest, 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.

Date

DD	MM	YYYY
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This part applies only if you, or your adviser, will arrange the transfer of the non-protected rights and no part of the transfer is an in-specie transfer of assets.

The steps that need to be taken in relation to the transfer are explained below.

1 Transfer details form

Please complete the 'Adviser's details' box below if your adviser will arrange the transfer.

2 Discharge (or transfer request) form

You/your adviser should obtain a discharge (or transfer request) form from the transferring scheme/insurance company.

You should complete the discharge (or transfer request) form and then send it to Alliance Trust Savings Limited, who will review it and then return it to you/your adviser.

3 Requesting the transfer

You/your adviser should then send this form and the completed discharge (or transfer request) form to the administrator of the transferring scheme/insurance company and ask them to return this form to Alliance Trust Savings Limited, together with a cheque for the transfer value made payable to 'Alliance Trust Full SIPP - member's name'. Alternatively, if the transferring scheme/insurance company wishes to pay the transfer value by bank transfer then please contact us for details of the receiving bank account.

4 Acknowledging the transfer

On receipt of the transfer payment, Alliance Trust Savings Limited will confirm receipt of the transfer payment to you/your adviser.

Adviser's details

(only required where your adviser will arrange the transfer)

Adviser's name	<input type="text"/>
Adviser's address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>



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ALLIANCE TRUST ASSET MANAGEMENT

ALLIANCE TRUST PLC

ALLIANCE TRUST SAVINGS

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