

Select SIPP

Transfer details

If you are to arrange a transfer payment to your Alliance Trust Select 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 contracted out entitlements from which you are currently taking income withdrawal.

Please complete in block capitals and black ink.

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"/>								

2 Please complete this part in all cases

(a) Name of transferring scheme

(b) Total amount of transfer payment

Total amount of transfer payment £

Does the Total Amount of transfer payment include any contracted-out or protected rights? (Please tick) Yes No

If Yes, please provide a breakdown of the Total Amount of transfer payment between:

Contracted-out or protected rights benefits £ Non-protected rights £

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

(c) Income drawdown

Are you currently taking income withdrawal (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 withdrawal? (Please tick) Yes No

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

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

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

3b Transfer details (non-protected rights)



Amount of cash to be transferred

£

and/or

The transferring scheme is to transfer the investments listed below to my Select SIPP.

Name of investment	Quantity

4 Declaration



I confirm that this form relates to a proposed transfer to my Alliance Trust Select 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's Pension Plan (the Scheme), 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 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.

Member's name

Member's signature

I understand that if Alliance Trust Savings Limited will make a charge for arranging the transfer.

I agree that if the transfer payment includes contracted out entitlements, these will be held in a separate account from other entitlements. 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 Select SIPP agreement. I confirm that I have read and understood the Select SIPP documentation, particularly the Key Features.

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.

Date

DD	MM	YYYY
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ALLIANCE TRUST ASSET MANAGEMENT

ALLIANCE TRUST PLC

ALLIANCE TRUST SAVINGS

Alliance Trust Savings Limited is registered in Scotland No. SC98767; registered office, PO Box 164, 8 West Marketgait, Dundee DD1 9YP; is authorised and regulated by the Financial Services Authority whose address is 25 The North Colonnade, Canary Wharf, London E14 5HS firm reference number 116115; gives no financial or investment advice. 09-477 (Nov 2009)