



If you have any questions, please
call your Client Services Team on

08000 326 323

Select SIPP

Transfer In request form

If you do not already have a Select SIPP you must also complete a Select SIPP application form.

If you require an application form, please contact us on 08000 326 323 or download one from the Literature Centre at www.alliancetrust.co.uk. We will keep a copy of this form and send the original to the transferor scheme administrator.

1 Personal details

Account number (if you are already an Alliance Trust Savings client)

--	--	--	--	--	--	--	--	--	--

Title

Date of birth

DD	MM	YYYY
----	----	------

Surname

Daytime phone number

Forenames

Mobile phone number

Address

Do you have a National Insurance Number? Yes No

If yes, you must enter it here

Postcode

2 Transferor scheme details

Name of scheme

Phone number

Contact name

Transferor scheme or Plan number

Address

Have you taken any tax free cash (Please tick one box only) Yes No

Are you receiving an income from this pension (Please tick one box only) Yes No

Postcode

Transfer Value amount (if known) £

Please note that the transfer value must not include any contracted out entitlements.

3 Transferor payment details

Please tick to confirm how the transfer payment will be made
(Please tick one box only)

Cash only Cash and investments

4 Transfer details for the transferor scheme administrator



Amount of cash to be transferred

£

If you are transferring investments to Alliance Trust Savings please fill in the details in the box below.

Please transfer the investments listed below to my Select SIPP. Please refer to the covering letter from Alliance Trust Savings Limited for the registration details of the investments to be transferred.

Name of investment	Quantity

5 Transfer request and declaration to existing scheme/provider



- I wish to transfer my entitlements under the transferor scheme to Alliance Trust Savings Limited as the provider, trustee and administrator of the Alliance Trusts' Pension Plan
- I fully understand that after the transfer is effected, myself, my spouse/civil partner and any of my dependants will have no entitlements to benefits under the transferor scheme
- I have authorised Alliance Trust Savings Limited to obtain details from you of any pension arrangements which I have with you, and I hereby authorise you to disclose that information to them

6 Transfer charge payable to Alliance Trust Savings



I wish to pay the transfer charge by cheque. I have enclosed a cheque for £57.50 payable to Alliance Trust Savings Limited

OR

I wish the transfer charge to be deducted from the transfer value when received

(Please tick one box only)

7 Request to Alliance Trust Savings and Signature



I wish to transfer my entitlements under the transferor scheme to Alliance Trust Savings Limited as the provider, trustee and administrator of the Alliance Trusts' Pension Plan, to be held in my Select SIPP.

Signature

Date

DD	MM	YYYY
----	----	------

 This literature is printed on paper made from trees grown in sustainably managed forests.

Alliance Trust Savings Limited PO Box 164, 8 West Marketgait, Dundee DD1 9YP

Tel +44 (0)1382 321000 Fax +44 (0)1382 321183 Email contact@alliancetrust.co.uk www.alliancetrust.co.uk/alliancetrustsavings