

## Premier SSAS Transfer in Request Form

To be completed by Member: *(Important: If any questions are left unanswered this could delay your transfer)*

Scheme name:   
 ("my Premier SSAS")

Member's full name:   
 (block capitals)

Member's Date of Birth:  Day  Month  Year

I require the trustees of my Premier SSAS to accept the Cash Equivalent of my benefits from the Transferring Scheme.

Type of scheme the benefits are coming from:

Occupational Pension Scheme Defined Benefit *(Final Salary)*

**IMPORTANT:** We cannot accept this type of transfer unless the Adviser declaration has been completed

Occupational Pension Scheme Defined Contribution *(Money Purchase)*

Personal Pension Scheme *(GPP/PPP)*

Section 32 Buy Out Policy

Self Invested Personal Pension *(SIPP)*

Small Self-Administered Scheme *(SSAS)*

Other *(provide details)*

**IMPORTANT:** If the policy contains any element of guaranteed benefit, we cannot accept this type of transfer unless the Adviser declaration has been completed.

Full name and address of ceding scheme provider/administrator:  
*(provide email address and telephone number if known)*

Full name and address of employer:  
*(where transfer is from an OPS/SSAS)*

Name or title of scheme:

Policy or scheme number:  
*(if applicable)*

Transfer value: £

Are your benefits already in drawdown?

Yes

No

Under which type of drawdown are your benefits paid?

Capped

Flexi-Access

Do you intend to draw an income?

Yes

No

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If in Capped Drawdown, do you wish to switch to Flexi-Access Drawdown under your Premier SSAS?

Yes

No

Note: If your transfer includes a drawdown arrangement further documentation will be required.

What type of transfer is this?

Full

Partial

How will the transfer be made?

Cash

In Specie

Combination

Full name and address. Please provide details of any assets to be transferred in-specie:

If a property is to be transferred, please provide the name, address and contact details of the Solicitor who will be acting in respect of this transaction

## Declaration

For your own benefit and protection you should read the contents of the declaration carefully before signing. If you do not understand any point please ask for further information.

I confirm that I wish to proceed with the transfer of my benefits with the Scheme Provider noted above to my Premier SSAS.

In the case of a transfer from a Defined Benefits Scheme (also known as a Final Salary scheme), or a Section 32 with a guaranteed benefit, I understand the transfer cannot be accepted unless I have received appropriate financial advice, including a positive recommendation to transfer, in writing from an individual or firm authorised and qualified to give such advice.

I understand that it is my responsibility to ensure that the transfer is in my best interests and that neither the SSAS Corporate Trustee or Options SSAS Ltd can accept responsibility if it turns out that the transfer was not in my best interests.

I understand that if the transfer value received is a different amount to the transfer value quoted, it may affect the benefits provided within my Premier SSAS.

Furthermore, I understand the transfer cannot proceed until I have provided Options SSAS Ltd with a copy of that advice and this has been deemed to be acceptable by them.

Where funds from other pension arrangements are to be transferred to my Premier SSAS, I consent to the payment of the transfers. I authorise Options SSAS Ltd and the SSAS Corporate Trustee to obtain any relevant information from my current Scheme Provider that is required in order to facilitate this transfer happening. I request and consent to the transfer of my current arrangement to my Premier SSAS.

**I make the following declarations to the administrators of any plans from which I am transferring to my Premier SSAS:**

- I authorise and instruct you to transfer funds from the plan(s) detailed in this request directly to Options SSAS Ltd. 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 this request.
- I authorise you to release all necessary information to Options SSAS Ltd to enable the transfer of funds to my Premier SSAS.
- I authorise you to obtain from and release to my appointed financial adviser any additional information

## Declaration (continued)

that may be required to enable the transfer of funds to complete.

- If an employer is paying contributions to any of the plans as listed in this request, I authorise you to 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, Options SSAS Ltd's responsibility is limited to the return of the total payment(s) to the administrators of the current plans.
- Where the payment(s) made to my Premier SSAS represent(s) all of the funds under the plan(s) detailed in this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.
- Where the payment(s) made to my Premier SSAS represent part of the funds under the plan(s) detailed in this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that Options SSAS Ltd and the administrators of the current plans may incur as a result of any incorrect information provided by me in this application or of any failure on me to comply with any aspect of this application.

Signed by  
the Member:

Date:

Day	Month	Year
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A Transfer In Cancellation Notice and Form will be sent to you after you sign and return to us the relevant ceding scheme discharge form.

Please return the completed form to Options SSAS Ltd, 2<sup>nd</sup> Floor, Fitzalan House, Fitzalan Court, Fitzalan Place, Cardiff CF24 0EL.



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FOR MORE INFORMATION PLEASE CONTACT

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