

Small Self-Administered Scheme

# Platinum SSAS

**Transfer In Request**

## **Please read this form and the notes carefully.**

If you have any questions about the completion of this form, please contact the SSAS team on 0345 25 05 610.

### **Sending us your completed form**

The completed and signed form can be sent to us by email, posted, or delivered in person during office hours.

Our email address is [platinumssas@investacc.co.uk](mailto:platinumssas@investacc.co.uk).

Our address for posting or delivering in person is:

**InvestAcc Platinum**  
**5th Floor, 4 Exchange Quay**  
**Salford Quays**  
**Manchester**  
**M5 3EE**

Emailed forms must be high quality scans (not photographs).

### **Digital signatures or electronic signatures**

You may be able to complete this form and sign it without the need to print it out, if you have the free Adobe Acrobat Reader with the 'fill and sign' option, which allows you to add a signature. Note that this must clearly be your actual signature, not a handwriting font or similar. We reserve the right to refuse applications or to ask for evidence of signature, such as that on a driving license or passport, or to obtain a traditional wet signature.

We may also accept applications signed using DocuSign or Adobe Sign, but only where an FCA regulated financial advice firm has one of these systems and provides to us the completed documents, accompanied by the DocuSign Certificate of Completion or Adobe Final Audit Report.

**To be completed by the scheme member**

Receiving SSAS scheme name
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**Member details:**

Full name of member	
Address of member	
	Postcode
National insurance number	Date of birth

I wish to transfer my entitlement to benefits from the following pension scheme to the above Small Self-Administered Scheme (SSAS) administered by InvestAcc Pension Administration Limited (InvestAcc).

Full name of provider	
Full name of transferring scheme (if known)	
Policy or plan number	HMRC pension scheme tax reference
Address of transferring scheme	
	Postcode
Contact name (if known)	

**Approximate value of uncrystallised arrangements to be transferred:**

£
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**Does this represent the full value of the plan?**

Yes No

**Approximate value of crystallised arrangements to be transferred:**

£
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**Does this represent the full value of the plan?**

Yes No

**Please indicate the status of the sums and assets being transferred (you must select one option):**

- Already entirely in drawdown
- Already partially in drawdown
- Not in drawdown

**Is the current plan subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders? If yes, please provide details and attach a copy.**

Yes No

**Does the transfer include any safeguarded benefits such as guarantees, defined benefits or derive from a cash balance arrangement?**

Yes      No

If **'Yes'** we cannot accept the transfer unless you have received financial advice which positively recommends this transfer.

**Are any of the assets being transferred in-specie?**

Yes      No

If **'Yes'** please complete the information requested below. If a property is to be transferred in 'in-specie' please also ensure our Platinum SSAS Property / Land Questionnaire for In-Specie Transfers is completed.

**Details of any assets to be transferred in-specie**

Please confirm details of the investments you wish to transfer on an in-specie basis (in other words, those holdings which you wish to transfer between pension schemes, without selling them):

Name of Investment	Type of Investment	Provider	Reference Number	To be transferred in-specie?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

If there is insufficient space on this page, then please send extra pages or a letter confirming details. **You should include all types of investment that you wish to be transferred on an in-specie basis, including funds, shares, bank accounts, properties, insurance policies, stockbroker accounts etc.**

**Note that you will need to approach the providers of the above investments to request the appropriate paperwork to re-register these investments.**

If you are in doubt as to how to complete this form, please contact us or your financial adviser. Note that InvestAcc does not provide financial advice.

**Have you taken any payments from this pension policy / scheme?**

Yes      No

If **'Yes'** are you currently drawing any payments from this pension policy / scheme?

Yes      No

If **'Yes'** please complete our Benefit Payment Form if you wish to continue receiving payments after this transfer.

## Financial adviser details

**Have you received advice regarding this transfer from a suitably qualified financial adviser who is authorised and regulated by the Financial Conduct Authority (FCA)?**

Yes      No

If 'Yes' please provide details:

Financial adviser firm name		
FCA number (principal firm)	FCA number (appointed representative)	
Individual adviser name	FCA number (individual adviser)	
1st line of address		
2nd line of address		
City	County	Postcode
Telephone Number	Fax number	
Email address		

By submitting this application form to us, the financial adviser firm above confirms acceptance of our current intermediary terms of business, available on our website: [www.investaccplatinum.co.uk/terms-of-business-for-intermediaries](http://www.investaccplatinum.co.uk/terms-of-business-for-intermediaries)

## Member's Declaration

I hereby consent to InvestAcc requesting the transfer of my entitlement to benefits from the above named scheme, and for InvestAcc to obtain relevant details from this scheme.

I understand any Enhanced Protection will be lost if the transfer is not a permitted transfer, as defined by legislation.

I understand that any entitlement to take lump sum rights in excess of 25% may only be retained on transfer provided the transfer is part of a block transfer, as defined by legislation. However, I understand that if this lump sum figure is over £375,000 and I have enhanced or primary protection the lump sum on these certificates will take precedence.

I understand that any low retirement age may only be retained on transfer if it is part of a block transfer as defined by legislation.

I understand that it will not be possible to pay any benefits or invest the funds that are transferred until all relevant transfer information has been received.

I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in the appropriate section of this application directly to the receiving scheme and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise InvestAcc, the current provider, any contributing employer, and any financial adviser 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 the receiving scheme.

I accept that in order to comply with regulatory obligations, InvestAcc and the current provider named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask for my documents to verify my identity and address.

Until this application is accepted and complete, InvestAcc's responsibility is limited to the return of the total payment(s) to the current provider(s).

When payment is made to the receiving scheme as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the appropriate section of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that InvestAcc 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.

I have read any information provided or made available to me by InvestAcc in connection with this transfer.

Signed	Date
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### Financial adviser declaration (if applicable)

**I confirm I am a UK authorised financial adviser and I have provided regulated advice on the transfer detailed on this form.**

Yes      No

**If 'Yes' does the transfer include safeguarded benefits?**

Yes      No

**If 'Yes' I have provided a positive personal recommendation to transfer the safeguarded benefits to this SSAS?**

Yes      No (if 'no', this transfer cannot proceed)

Adviser signature	Date
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Name (individual adviser):
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## InvestAcc Platinum

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