

The OneSIPP Additional Transfer

Information Form

Important: This form is to be use OneSIPP, please contact us so we	•			you wish to t	cransfer to ar	n existing
Title (Mr/Mrs/Miss/Ms/other)		Surname [
Forename(s) (in full)				r		
				ate of birth l		
Transfer payment details						
If your transfer payment is £30,00 a defined benefit or final salary per the transfer payment unless you have	nsion scheme, you must	take financial ad	vice befor	e proceeding		
Full name of the current provider						
Full name of pension scheme where known						
Address						
				Postcode l		
Existing plan number						
Approximate fund value to be paid	d to Sanlam Investments	and Pensions			£	
Is this transfer from a Defined Benebenefits, other guarantees or prom		with safeguarde	ed		Yes	No
In a defined benefit/final salary sch both before and after it comes into to benefits under the transferring s scheme. Once you have transferred	p payment. If you proceed scheme, including any de	d with the transf ath benefits whi	er, you will ch may ha	give up all rig ve been avail	ghts to any q able under t	guarantees hat
Does this represent the full value o	f the pension plan?				Yes	No
Have any benefits commenced from the scheme?				Yes	No L	
Have you been granted protection	from the lifetime allowa	nce charge by H	IMRC?		Yes	No
If yes, please provide a copy of ye	our certificate if you hav	e one, or provi	de your HI	MRC reference	ce numbers.	

More information on this can be found at www.gov.uk/guidance/pension-schemes-protect-your-lifetime-allowance#check-your-existing-protection

It is unlikely you will lose protection from the lifetime allowance charge, unless this transfer is not a permitted transfer. If you want further information about this, you should consult the trustees or administrator of the transferring scheme or your Financial Adviser.

Please refer to our factsheet entitled 'Pension Scheme Allowances & Tax Charges' for more inf protection regimes available.	ormation on t	he
Is this transfer part of a Block Transfer?	Yes	No L
If you have not yet started to take benefits you may lose protected tax-free cash (pension comm and/or entitlement to take your benefits from an age earlier than 55 unless this transfer is part of want further information about this, you should consult the trustees or administrator of the transf Financial Adviser.	a block transfe	er. If you
Have the benefits been subject to a pension sharing order on divorce, nullity of marriage or dissolution of a civil partnership?	Yes	No 🗌
Does any of the transfer represent a pension credit or credits as a consequence of a pension-sharing order on divorce or nullity of marriage or the dissolving of a civil partnership?	Yes	No
Is the transfer subject to an earmarking/attachment order?	Yes	No L
If any benefits have been earmarked we will not accept the transfer without a copy of the stan where necessary, confirmation that the ex-spouse or ex-civil partner has consented to the tran	=	rder and,
Assests to be transferred		
Will the transfer payment be comprised entirely of cash?	Yes	No
Please note, if you select the Model Portfolio Service or the Pinnacle Range of funds in Section Application Form, we will only accept a transfer payment comprised of cash.	1 4 of your On	eSIPP
Where the transfer includes assets other than cash, please call us on 0117 975 2388 to discuss	the transfer.	
Does the transfer include commercial property?	Yes	No 🗌
If yes, please call us on 0117 975 2388. We will send you a Commercial Property Application Fe	orm.	

Your declaration to the current provider

I authorise and instruct you to transfer funds from the plan(s) as listed in this form directly to Sanlam Investments and Pensions. 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 that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise you to release all necessary information to Sanlam Investments and Pensions to enable the transfer of funds to Sanlam Investments and Pensions.

I authorise you to obtain from and release to the Financial Adviser named in the main application, any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in this form, 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, Sanlam Investments and Pensions' responsibility is limited to the return of the total payment(s) to the current provider.

Where the payment(s) made to Sanlam Investments and Pensions represent(s) all of the funds under the plan(s) listed in this form, 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 Sanlam Investments and Pensions represent(s) part of the funds under the plan(s) listed in this form, 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 Sanlam Investments and Pensions and the current provider may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in the main application.

I understand that this does not prevent me from bringing a claim against Sanlam Investments and Pensions, in the event that any act or omission by them is established.

I also affirm my agreement to all the declarations in the accompanying application form.

Applicant's signature	
	Date L



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