



# The OneSIPP/Portal Personal Pension Transfer Authority form

Where we refer to Countrywide Assured plc (“Countrywide Assured”) in this document, this includes CASFS Ltd (“CASFS”) where appropriate.

Title (Mr/Mrs/Miss/Ms/other)  Surname

Forename(s) (in full)

Date of birth

Account Number

## Transfer payment details

If your transfer payment is £30,000 or more, and you are transferring safeguarded benefits, which include transfers from a defined benefit or final salary pension scheme, you must take financial advice before proceeding. We will not accept the transfer payment unless you have received advice and a positive recommendation to transfer.

Full name of the current provider

Full name of pension scheme where known

Address

Postcode

Existing plan number

Approximate fund value to be paid to Countrywide Assured £

Is this transfer from a Defined Benefit Scheme or a scheme with safeguarded benefits, other guarantees or promises? Yes  No

In a defined benefit/final salary scheme you are promised a certain level of pension at retirement, which may increase both before and after it comes into payment. If you proceed with the transfer, you will give up all rights to any guarantees to benefits under the transferring scheme, including any death benefits which may have been available under that scheme. Once you have transferred rights out of your existing pension scheme, you will not be able to transfer back.

Does this represent the full value of the pension plan? Yes  No

Have any benefits commenced from the scheme? Yes  No

Have you been granted any form of protection by HMRC? Yes  No

**If yes, please provide a copy of your certificate if you have one, or provide your HMRC reference numbers.**

**Transitional Tax-free Amount Certificate:**

Please advise the transitional tax-free amount and provide a copy of the Certificate

£

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

It is unlikely you will lose your protection 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 information on the protection regimes available.**

Is this transfer part of a Block Transfer?

Yes  No

If you have not yet started to take benefits you may lose protected tax-free cash (pension commencement lump sum), and/or entitlement to take your benefits from an age earlier than 55 (this will increase to age 57 from 6 April 2028), unless this transfer is part of a block transfer. If you want further information about this, you should consult the trustees or administrator of the transferring scheme or your Financial Adviser.

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

**If any benefits have been earmarked we will not accept the transfer without a copy of the stamped Court Order and, where necessary, confirmation that the ex-spouse or ex-civil partner has consented to the transfer.**

**Assets to be transferred**

Will the transfer payment be comprised entirely of cash?

Yes  No

**Where the transfer includes assets other than cash, please call us on 03330 155 600 to discuss the transfer.**

Does the transfer include commercial property? (only available for OneSIPP)

Yes  No

**If yes, please call us on 03330 155 600. We will send you a Commercial Property Application Form.**

**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 Countrywide Assured. 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 Countrywide Assured to enable the transfer of funds to Countrywide Assured.

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, Countrywide Assured's responsibility is limited to the return of the total payment(s) to the current provider.

Where the payment(s) made to Countrywide Assured 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 Countrywide Assured 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 Countrywide Assured 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.

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

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

Applicant's signature

Date

**Please return this form to:**

**New business team, Countrywide Assured, One Temple Quay, 1 Temple Back East, Bristol, BS1 6DZ**

**Alternatively please email the fully completed and signed form to [enq@countrywide-assured.co.uk](mailto:enq@countrywide-assured.co.uk)**