



Scottish Widows Platform

Scottish Widows Pension transfer in request form

A Instructions for Client

This form should be used to transfer in a pension or SIPP with another provider into a personal pension with Scottish Widows Platform.

Complete all details requested and ask the account holder to read and sign the declaration. Once completed please return the form to: Scottish Widows Platform PO Box 24065, 1 Tanfield, Edinburgh, EH3 1EY.

This form should only be completed for transfers which cannot be requested electronically.

1. Details

Customer ID:

Scottish Widows Personal Pension account details

Account Reference Number:

Full Name:

Date of Birth:

| D | D | M | M | Y | Y | Y | Y |

National Insurance Number:

Address:

Postcode:

2. Transfer instruction and authority

Please transfer the following SIPP/Pension to be held in a Scottish Widows Platform Personal Pension.

SIPP/Pension reference number:

To: (existing SIPP/Pension Plan provider):

Name:

Address:

Postcode:

Daytime Phone Number:

2. Transfer instructions (continued)

By signing this form:

- I authorise you, the scheme administrator, to transfer the whole of the benefits under the above named pension scheme to my Scottish Widows Platform Pension;
- I authorise and instruct you to transfer funds from the plan(s) as listed in Section A of this form directly to Embark Investment Services 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 Section A of this form;
- I authorise you to release all necessary information to Embark Investment Services Ltd to enable the transfer of funds to Embark Investment Services Ltd;
- I authorise you to obtain from and release to my financial adviser 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 Section A of 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, Embark Investment Services Ltd.'s responsibility is limited to the return of the total payment(s) to the current scheme administrator;
- Where the payment(s) made to Embark Investment Services Ltd represent(s) all of the funds under the plan(s) listed in Section A of this form then payment made as requested will discharge the current scheme administrator of all claims and responsibilities in respect of the plan(s) listed;
- Where the payment(s) made to Embark Investment Services Ltd represent(s) part of the funds under the plan(s) listed in Section A of this form, then the current scheme administrator will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s); and
- I promise to accept responsibility in respect of any claims, losses and expenses that Embark Investment Services Ltd and the current scheme administrator 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.
- Transfer my SIPP/Pension, as specified below, to Scottish Widows Platform.

In cash

Re-registration

Both

- Provide any information that Embark Investment Services Limited as their administrator, may require, on my behalf including, but not limited to, details of the current plan(s) and value(s), and transaction and dividend.

3. Transfer instructions

Estimated value to be transferred to Scottish Widows Platform: £

This is a full transfer



This is a partial transfer



If partial, please confirm the total value of the plan: £

4. Transfer only part of my SIPP/Pension

You don't need to complete this section if you're transferring a pension in full.

Please indicate below how you wish to transfer your SIPP/Pension to Scottish Widows Platform.

Cash only

Cash and investments

Cash amount to be transferred*: £

* This is the approximate value and will depend on share prices at the time of sale.

Investment to be Transferred

Investment Name	ISIN/SEDOL	Units	Value (£)

4. Transfer only part of my SIPP/Pension (continued)

Investment Name	ISIN/SEDOL	Units	Value (£)

Please continue on a separate sheet if necessary.

5. Client confirmation

- By signing this you confirm that you have read and agreed to be bound by the terms and conditions of the Scottish Widows Personal Pension.
- I apply for the transfer of benefits from the scheme named above to the Scottish Widows Pension Scheme and I authorise that scheme to pay the transfer value.
- I request that those current assets forming my pension fund and which are acceptable to EISL are transferred by re-registration where requested above. I understand that assets which are not acceptable to EISL will need to be sold prior to the transfer and the proceeds transferred as a cash payment. I now authorise the sales of these assets.
 - I confirm that I have checked the information above and that, to the best of my knowledge and belief, this information is correct and complete. EISL will hold and use personal information supplied by you and the registered asset holder/your current Scheme Administrator/trustee to arrange for the transfer of pension scheme benefits, set up and administer your Scottish Widows Platform Pension.

Signature: 

Name: _____

Date: D D M M Y Y Y Y

Please return the signed transfer form to: Embark Investment Services Ltd, PO Box 24065, 1 Tanfield, Edinburgh EH3 1EY

 0330 024 2345

 service@scottishwidowsplatform.co.uk

 scottishwidows.co.uk/platform

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B Instructions for the transferring scheme administrator

The scheme member named on the previous page has requested that the benefits from your pension scheme are transferred to their Scottish Widows Personal Pension.

The Embark Personal Pension is a self-invested personal pension scheme operated by Scottish Widows Platform. It is registered with HM Revenue and Customs (HMRC) under Part 4 of Finance Act 2004. The pension scheme tax reference number is 00812401RB.

For Net unit trusts and OEICs, re-register the holdings in the name of: Embark Investment Services (Nominees) Limited a/c FNZ Nominee (UK) Ltd A/c Embark Net, Suite 1, 3rd Floor, 11-12 St. James's Square, London SW1Y 4LB.

When we receive the completed form we will check whether the assets are acceptable to EISL and issue the necessary forms to effect the transfer of ownership of the assets to Embark Investment Services Ltd the scheme trustee. Any assets which are unacceptable will need to be sold prior to transfer and that part of the transfer effected by a cash payment. We will advise you of any assets you will need to sell.

Scottish Widows Platform has appointed Embark Investment Services Limited to deal with the transfer of assets on our behalf. Any authority to deal with, or provide information to Scottish Widows Platform, should be taken to include Embark Investment Services Limited.

If you have any questions, please contact Scottish Widows Platform.

1. Making a cash transfer payment

Please tick the relevant box below to show how you are making the transfer payment.

By bank transfer*

By cheque**

* Account Name: EISL Client Transfers Account.

Account Number: 21862959. Sort Code: 23-05-80.

Payment reference number: Client's Embark reference number in full.

** Cheques should be made payable to Embark Investment Services Ltd for the benefit of the client, and sent with the fully completed transfer form, to us at the Address below.

EISL cannot accept the transfer payment without a fully completed transfer in application form.

2. Scheme administrator/insurance company declaration

I declare that I have checked the information in this transfer form, including that which is not in my handwriting, and that, to the best of my knowledge and belief, this information is correct and complete.

I authorise Embark Investment Services Ltd to obtain all necessary information, from third parties, to support the transfer.

Signature (for the scheme administrator or insurance company): 

Full Name:

Position:

Date:

| D | D | M | M | Y | Y | Y | Y |

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