

## Investor Details

<b>Name</b>	<input type="text"/>	<b>DOB</b>	<input type="text"/>
<b>NI Number</b>	<input type="text"/>	<b>P1 ID</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		

## Transfer Instruction

<b>Provider</b>	<input type="text"/>	<b>Account Number</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>PSTR Number</b>	<input type="text"/>
<b>Scheme Type</b>	<input type="text"/>	<b>Transfer Type</b>	<b>Full</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/>
<b>Estimated Value</b>	<input type="text"/>	<b>Guarantee Date</b>	<input type="text"/>
<b>Uncrystallised</b>	<input type="text"/>	<b>Crystallised</b>	<input type="text"/>
<b>MPAA Triggered?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>MPAA Date</b>	<input type="text"/>

Is the plan subject to any existing/proposed:

Trustee in bankruptcy orders?	<input type="checkbox"/>
Earmarking orders?	<input type="checkbox"/>
Pension sharing orders?	<input type="checkbox"/>
Any other orders?	<input type="text"/>

If any of the above are answered yes, please contact us at [platform@p1-im.co.uk](mailto:platform@p1-im.co.uk) as this may affect our ability to accept the transfer.

## Client Authority

I authorise and instruct the above scheme administrator to transfer the sums listed on the application directly to P1 Investment Services Ltd (P1), Digital Pension Trustees Limited (DPT) and Seccl Custody Ltd (Seccl).

I authorise P1, DPT, Seccl and the current provider named in this application to obtain and release information from each other in order to allow the transfer to proceed.

I understand that where any benefits being transferred are in Capped Drawdown they will only be accepted on the basis that they will be immediately converted to Flexi-Access Drawdown. I also understand that if I draw any income via Flexi-Access Drawdown I will become subject to the Money Purchase Annual Allowance, if I am not already subject to it. I hereby instruct that any Capped Drawdown benefits are converted to Flexi-Access Drawdown upon receipt.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or penalties that P1, DPT, Seccl and the current provider may incur as a result of incorrect, untrue or misleading information being given in this application.

I understand the risks associated to the transfer and accept that in order to comply with regulatory obligations P1, DPT, Seccl and the current provider named may need to verify my ID and residential address, and may use credit reference services and ask for documents to verify my ID and address.

I understand that until this application has been completed and is accepted, the responsibilities of P1, DPT and Seccl are limited to returning any funds received direct to the ceding provider.

I understand that when funds are being transferred, whether a full transfer or partial transfer, I am not entitled to receive pension benefits from these transferred funds until the transfer has fully completed.

I can confirm that I have received and understand the financial advice in relation to this request and the details of my financial adviser are shown below.

**Signature**

**Date**

## Transfer Declaration (Safeguarded Benefit Transfers) – For completion by financial advisers only

Only complete this section where a transfer includes safeguarded benefits, other than those involving guaranteed annuity rates.

Due to the complex nature of transfers where safeguarded benefits are involved, we will not accept these transfers on either a non-advised or an execution-only basis. This is regardless of the transfer value amount or adviser permissions and as such, we do not accept 'insistent client' transfer requests.

**The transfer will only be accepted where the following criteria are met:**

The client is proposing to forfeit some, if not all, of their safeguarded benefits linked to the funds involved in this transfer. As the adviser, I confirm the following:

- An appropriate transfer value analysis in line with COBS 19.1.2B has been conducted*
- The client has received a transfer value comparator in line with COBS 19.1.3A*
- The client understands how the key outcomes from the analysis and comparator contribute towards the recommendation*
- This application is being submitted on behalf of the client following a personal full advice recommendation to transfer*
- This is not an insistent client transfer*
- The adviser providing this advice has the appropriate qualification to do so*
- The firm transacting this transfer has the FCA permission of 'Advising on Pension Transfers and Pension Opt-outs'*

A transfer requested will only be accepted if all requirements have been met and the above boxes have been completed by the financial adviser signing this form. Failure to complete the form will delay the potential acceptance of the request. If any delays cause the transfer to not proceed within the Cash Equivalent Transfer Value (CETV) guarantee period that applies at the time this form is submitted, this may affect your transfer value. P1, DPT and Seccl will not be liable for any re-calculation fee or potential drop in the transfer value.

The request must be submitted with all documentation required by the ceding scheme to allow the transfer to proceed. P1, DPT and Seccl cannot guarantee that the transfer request will be processed by the end of the CETV guarantee period.

All documentation must be received at least 5 working days before the end of the CETV guarantee period. P1, DPT and Seccl accept no liability for costs, claims or liabilities arising from the CETV guarantee period being missed.

I can confirm that the information provided on this form is correct.

**Firm Name**

**Firm FCA**

**Adviser Name**

**Adviser FCA**

**Signature**

**Date**

## Information

For Cash or Residual Cash Payments: please make payment to the below bank details, quoting the account ID number as the reference.  
Bank: Lloyds Bank  
Account Holder: Seccl Custody Client Account  
Account Number: 17190968  
Sort Code: 30 - 80 - 12

Please send the completed form(s) to us at the following address:  
P1 Platform  
Senate Court  
Southernhay Gardens  
Exeter  
EX1 1NT