Client Details

Name		DOB	
NI Number		P1 Account ID	
Address			

Please note the **P1 Account ID** is for the **investment account** that the transfer is being requested into. We cannot accept transfer forms where either a **Client ID** or **Account ID** for another account has been used and a new form will be required.

Provider Details

Provider		Email	
Telephone		PSTR	
Address			

Plan Details

Account Number		Scheme Type	
Estimated Value		Guarantee Date	
Account Type	Accumulation ◉ Drawdown (Crystallised) ○ Beneficiary Drawdown ○	How should the transfer come across?	Full ◉ Partial ○ Cash ○ In-Specie ◉
	MPAA Triggered Date		

If the transfer is being requested in-specie, please review our available assets before instructing this transfer to ensure that we hold the assets required. If an investment to be transferred in-specie is not available through this platform, it may be sold down to cash prior to transfer. If the plan is subject to any orders such as trustee in bankruptcy orders, earmarking orders or pension sharing orders, please contact us at 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 Limited (P1), Digital Pension Trustees Limited (DPT) and Seccl Custody Limited (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. provider.

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

_____

Safeguarded Benefit Transfer Declaration

To be completed 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.

Plan Details	
Firm Name	
Firm FCA	
Adviser Name	
Adviser FCA	

Signature

_____

Date

_____

Contact and Support

Platform@p1-im.co.uk
01392 304505
Monday–Friday
9am–5pm