



MES Adviser SIPP

Transfer In Application Form

This application form is your authority to transfer funds from another pension scheme into the MES Adviser SIPP.

Your adviser must return a copy of the signed, completed form via email to transfers@mespensions.com

Your transfer instruction is only valid when we receive it from your adviser. Please return this form via your adviser, do not send it to us direct.

PERSONAL DETAILS

SIPP reference: Title: First name(s): Last name:

Date of birth: NI Number: Phone number: Email address:

Residential address:

FINANCIAL ADVISER DETAILS

Name of Financial Adviser: Authorised Firm/Dealer Group Company name: FCA/AFSL number:

Appointed Representative Company name (if applicable):

DETAILS OF PENSIONS TO BE TRANSFERRED

Please provide the details of the pensions that you will be transferring to the SIPP.

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

Provider/Administrator		Scheme name (if applicable)		Plan number
Transfer amount	UCF, CF or both (provide %/£ split)	Contains Safeguarded Benefits	Full or Partial	Cash or In-specie
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Full: <input type="checkbox"/> Partial: <input type="checkbox"/>	Cash: <input type="checkbox"/> In-specie: <input type="checkbox"/>

If any of the pensions listed above are subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders, please provide details:

CUSTOMER DECLARATION

I authorise, instruct and apply to the current providers listed in this application to transfer sums and assets from the plans as listed in this application directly to MES Financial Services Limited and to provide any instructions and/or discharge required by any relevant third party to do so. I agree that a copy of this authority will have the validity of the original.

I accept that in order to comply with regulatory obligations, MES Financial Services Limited and the current providers named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.

Until this application is accepted and complete, MES Financial Services Limited's responsibility is limited to the return of the total payments to the current providers.

When payment is made to MES Financial Services Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plans listed in this application where the whole of the plan is transferring, or that part of the plans represented by the payments if only part of the plan is transferring.

I have read any information provided or made available to me by the current providers in connection with this transfer.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that MES Financial Services Limited and the current providers may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

I authorise MES Financial Services Limited, the current providers, any contributing Employer and any financial intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to MES Financial Services Limited.

I confirm that adviser charges must be paid in accordance with the adviser charges detailed previously in the SIPP application. I confirm that my adviser has provided me with sufficient information for me to understand the effect that the transfer will have on my SIPP.

I confirm that I have not received any advice or recommendation in relation to the transfers from a representative of MES Financial Services Limited or MES Pension Trustees Limited.

I confirm that I am not knowingly in serious ill health. If it is later found out that I was in serious ill health at the time of the transfer of the plans listed in this application, I authorise MES Financial Services Limited or MES Pension Trustees Limited to pay death benefits into my estate.

I authorise and instruct the current provider to transfer sums and assets from the plans as listed in this application directly to the receiving providers and to provide any instructions and or discharge required by any relevant third party to do so, in the form of:

- a cash payment made by telegraphic transfer, or such a method agreed with us; or
- an in-specie transfer of assets held on my behalf after deduction of any outstanding liabilities or charges. Where appropriate we will advise details of the nominee / parties to whom assets must be transferred. I understand that the existing investment manager or administrator of the transferring scheme is responsible for collecting dividends and tax reclaims and realising all rights and entitlements in respect of the assets transferred and passing them to the receiving scheme.

Additional declaration for transfers of income drawdown benefits (if applicable): I declare that all, or apart, of the transfer payment has been designated to provide income drawdown pension benefits for me under the transferring scheme. I understand that the transferring scheme is responsible confirming the amount (if any) designated to provide these benefits.

Customer's name:

Customer's signature:

Date: