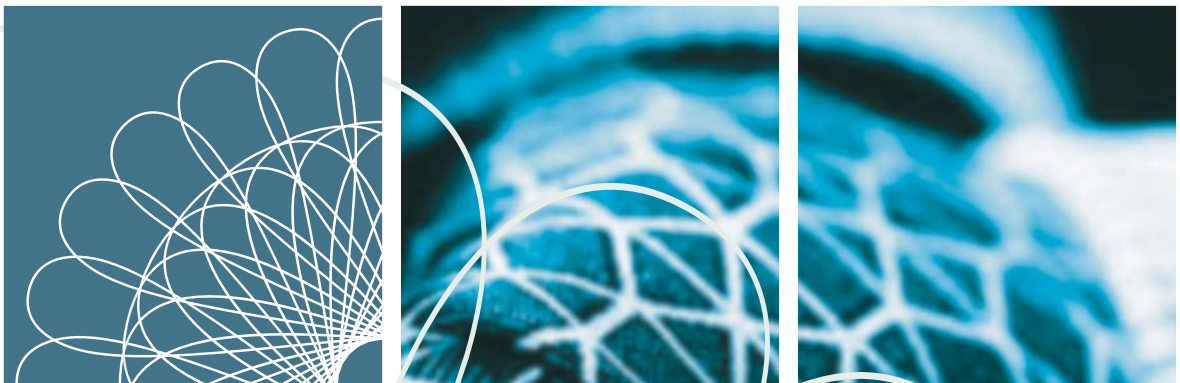


HD SIPP - Further Transfer Application Form



In Association with



This SIPP is operated by HD Administrators LLP and is offered without pensions or investment advice.

Westgate House ■ 3 The Triangle ■ Enterprise Way ■ NG2 Business Park ■ Nottingham ■ NG2 1AE

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Section A – Personal Information (Mandatory)

This section must be completed by all applicants. The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

Personal Information

Please supply the following personal information.

Surname:

(Mr/Mrs/Miss/Ms)*
Please delete as appropriate

Forename(s):

Home Address:

Postcode:

Home tel no:

Email Address:

Date of Birth:

Expected pension age (between 50 and 75):

Occupation:

Marital Status:

N.I. Number:

Gender:

Female Male

Status Declaration

Please indicate your current status by ticking the relevant box below.

Employed

Self Employed

Not Employed

Other (please specify):

If employed, are you a member of an Occupational Pension Scheme?

Yes

No

Employer / Self Employed Information

Please give the following information which is required by the Inland Revenue. Give details of the Inspector of Taxes dealing with your tax affairs.

Name of employer / trading name:

Address:

Postcode:

Business tel no:

Tax district ref. no.:

Total Annual Income:

Your Investment Instructions

Do you intend appointing an investment manager?

Yes

No

Please give details of your investment manager.

Name:

Address:

Postcode:

Please confirm below how your SIPP funds are to be invested initially and enclose a copy of any forms that require signature by the trustees of your SIPP.

Section B – Transfer Details

Transfer-in Scheme Details

Please provide the following details about the scheme you are transferring from. Please use additional sheets if you are taking a transfer from more than one scheme. Supplementary information will be required if you are transferring a scheme already in drawdown.

Name of scheme/arrangement

Name of trustees/provider:

Address:

Postcode:

Telephone number:

Contact name:

Policy/membership number:

HMRC registered number (if known):

Non Protected Rights Transfer Value

Full transfer Partial Transfer

Amount of Partial Transfer or approximate full Transfer:

£

Protected Rights Transfer Value

Full transfer Partial Transfer

Amount of Partial Transfer or approximate full Transfer:

£

Has any benefit become payable to you from the scheme?

Yes No

Transfer Information

Is the transfer to be made as cash or as an in-specie transfer of investments? Cash In-specie
If in-specie, please complete the "In-Specie" transfer form available on our website www.hdsipp.com

Are your retirement arrangements subject to Primary or Enhanced Protection? Yes No
If yes, you must provide HD Administrators LLP with a copy of your HM Revenue & Customs Certificate.

If Enhanced Protection applies, I confirm that there have been no contributions or benefit accrual to any pension arrangement of which I am a member (other than in respect of contracting out of the State Second Pension) since 5th April 2006.

Are your retirement arrangements subject to an Enhanced Lifetime Allowance? Yes No
If yes, you must provide HD Administrators LLP with a copy of your HM Revenue and Customs Certificate.

Is the transferring plan(s) subject to a protected tax free lump sum in excess of 25% of the transferring funds? Yes No

If yes, HD Administrators LLP will request details from the transferring provider (this tax free cash will only remain protected if you are subject to Primary or Enhanced Protection, or are transferring as part of a "bulk" transfer – two or more individuals transferring out at the same time).

- I hereby authorise HD Administrators LLP to act on my behalf in applying for the transfer of the Pension Policy above into their Self Invested Pension Plan (The HD SIPP) and to take whatever steps may be necessary to effect such a transfer. HD Administrators LLP are the Administrator of the receiving scheme.
- Accordingly, I formally authorise and request you to transfer the amount payable relevant to an open market transfer value in favour of The SIPP of _____ (applicant's name)
- In return for paying the proceeds from the policy(ies) to The SIPP of _____ (applicant's name) and subject to all requirements being satisfied I hereby indemnify you against any relevant claim costs, damages and other losses incurred resulting from this payment. I agree also that payment of the transfer value will be a full discharge of your liability under all policies shown above.
- Only if and where appropriate, I formally authorise that the plan be endorsed in order for a transfer to proceed.
- The transfer value should include all increments to the relevant policies, regardless of whether such increments are noted under separate incremental numbers.
- I have provided HD Administrators LLP with all required declarations and details regarding Primary and/or Enhanced Protection or Enhanced Lifetime Allowance. On making the transfer, please supply HD with the details of any protected tax free cash.
- Unless the original policy document(s) is included, this letter is to serve also as formal notice that I am unable to locate the original document. In the circumstances, please refer to the above notice of discharge.
- I confirm I am the legal owner of the policy(ies). I am legally entitled to give instructions to you to transfer the benefits of the policy(ies).
- I am not bankrupt and there are no court orders affecting my policy(ies).
- Lest there be any doubt, I formally confirm I do wish for the transfer to proceed.
- Please take special note I do not wish to sign any additional forms unless this is a legal necessity.

Yours faithfully,

Signature:

Date:

Section E – Your Signature

Cancellation rights

I wish to waive my rights to my statutory 30 day cancellation period Yes No
If yes I confirm I fully understand that the implications of doing so are that I will not be able to cancel this transfer during the remainder of the 30 day period.

I understand and agree to an additional fee of £30 plus VAT being charged for each additional transfer of funds from other pension schemes.

It is a serious offence to make false statements.

Signature:

Date:

PLEASE RETURN YOUR SIGNED AND COMPLETED APPLICATION FORM TO:

**HD SIPP Applications
Westgate House
3 The Triangle
Enterprise Way
NG2 Business Park
Nottingham
NG2 1AE**

Transfer payments can be made either by cheque payable to HD SIPP Account, or electronic transfer to:

Sort Code: 05-06-41

Account Name: HD SIPP Account

Account Number: 29540067

Reference: Your name (this MUST be quoted or your payment will be returned).

Section F – Advice

An application for an HD SIPP will only be accepted direct from the client where no advice has been sought or been given or via an Financial Services Authority (FSA) regulated Independent Financial Adviser (IFA). (Please note HD Administrators Limited is not authorised to give any advice.)

No advice sought or given – Self Directed Investment

or

Regulated IFA advice sought (if this box is ticked please complete the Advisor sections below)

1. Advisor details

Please give the following information.

Advisor name:

Company name:

FSA authorisation number:

Telephone number:

Company address:

Postcode:

Position:

Email Address:

Bank account details:

Account name:

Account no:

Sort code:

Your ref/or client's name:

2. Advisor remuneration payment

Where there is more than one contribution source, please indicate below where and in what proportion advisor remuneration is to be taken. Please ensure this is completed for all relevant contribution sources as advisor remuneration will only be paid on this basis.

Initial payment – 1 payment of:

% of initial contribution and/or transfer value:

Renewal payments:

 per annum

% of fund per annum:

3. Advisor declaration

I hereby request the above remuneration payment(s) in accordance with the agreement which exists between ourselves and the applicant.

I understand that no payment will be received until the client's contract is in force and the first contribution paid or transfer value is received.

I understand that it is my responsibility to notify the client of all remuneration received.

I understand that where recurring payments or fund based remuneration is to be paid, it is my responsibility to provide asset valuations on which payments are to be based and to request payment at the appropriate dates.

Advisor's signature

Date

HD Administrators LLP

Westgate House, 3 The Triangle, Enterprise Way, NG2 Business Park, Nottingham, NG2 1AE
Tel: 0115 968 2176

Newcastle Building Society Principal Office

Portland House, New Bridge Street, Newcastle upon Tyne, NE1 8AL
Tel: 0191 244 2000

The HD SIPP is offered without pensions or investment advice. A SIPP may not be suitable for all investors. If in doubt you should consult an independent financial advisor. The HD Administrators LLP is a Scheme Operator and is responsible for the maintenance and running of the scheme. The levels of and bases of taxation can change. The value to an investor of any tax benefits will depend on that investor's tax position. Investors should consult their own tax advisers in order to understand any applicable tax consequence.

Details are correct as at time of print. (July 2008)

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