



INTELLIGENTMONEY

TRANSFER REQUEST FORM

**Member Details**

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Plan Number (if known)	<input type="text"/>
N.I. Number	<input type="text"/>

**Pensions to be transferred**

Provider Name	<input type="text"/>
Policy Number(s)	<input type="text"/>
Type of Pension Scheme	<input type="text"/>
Estimated Uncrystallised Value £	<input type="text"/>
Estimated Crystallised Value £	<input type="text"/>

Does this represent the full value of the pension to be transferred? Yes  No

Are any of the existing assets to be transferred 'In specie' Yes  No   
*(If Yes then confirmation of the value and asset type will need to be received prior to acceptance)*

Is the pension transferable through the Origo Options service? Yes  No

**Please ensure that you have confirmed this with the ceding provider, failure to do so could result in delays to the pension being transferred.**

If not, have you requested the discharge paperwork from the ceding scheme? Yes  No

**Completing these details when a pension is not transferable via the Origo Options service will alert us as to the discharge forms we should expect to receive for each transfer. You must however contact the ceding pension provider(s), request these discharge forms and forward the original documents to us in the post.**

Discharge Forms have been requested from the ceding scheme/s Yes  No

Ceding Scheme Address

Before The Scheme Administrator can continue to pay any income from a policy already in drawdown we will need to be in receipt of the HMRC regulatory confirmation of benefits in payment from the transferring scheme.

**Declaration**

I authorise and instruct you to transfer funds from the plan(s) as listed in the transfer section(s) of this application form directly to Intelligent Money. 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 that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan(s). I authorise you to release all necessary information to Intelligent Money to enable the transfer of funds to Intelligent Money. I authorise you to obtain from and release to any financial intermediary named in this application 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 transfer section(s) of this application form, I authorise you 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, Intelligent Money's responsibility is limited to the return of the total payment(s) to the current provider(s). Where the payment(s) made to Intelligent Money represent(s) all of the funds under the plan(s) listed in transfer section(s) of this application form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed. Where the payment(s) made to Intelligent Money represent(s) part of the funds under the plan(s) listed in transfer section(s) of this application form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s). I promise to accept responsibility in respect of any claims, losses and expenses that Intelligent Money and the current provider(s) 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.

## Financial Adviser Details

Adviser	<input type="text"/>
Contact Name	<input type="text"/>
Company Name	<input type="text"/>
FCA Authorisation Number	<input type="text"/>
Branch Address	<input style="height: 60px;" type="text"/>
	Postcode
	<input type="text"/>
	Tel No. <span style="margin-left: 150px;">Fax</span>
	<input type="text"/>
	Email
	<input type="text"/>

## Investment Instructions

### IM Optimum Target Dated

	Amount to be invested	Anticipated term for investment
IM Optimum Growth for Withdrawal Strategy	<input type="text"/> %	<input type="text"/> Years
IM Optimum Growth for Income Strategy	<input type="text"/> %	<input type="text"/> Years

The percentage boxes should add up to 100% unless you anticipate requiring access to part at a different date. If this is the case please use the sections below until you have allocated 100%

### Additional Anticipated requirement(s) date(s)

	Amount to be invested	Anticipated term for investment
IM Optimum Growth for Withdrawal Strategy	<input type="text"/> %	<input type="text"/> Years
IM Optimum Growth for Income Strategy	<input type="text"/> %	<input type="text"/> Years

	Amount to be invested	Anticipated term for investment
IIM Optimum Growth for Withdrawal Strategy	<input type="text"/> %	<input type="text"/> Years
IM Optimum Growth for Income Strategy	<input type="text"/> %	<input type="text"/> Years

### IM Optimum Risk Rated

Amount to be invested

IM Optimum Defensive	<input type="text"/>
IM Optimum Cautious	<input type="text"/>
IM Optimum Income	<input type="text"/>
IM Optimum Global Growth and Income	<input type="text"/>
IM Optimum Global Growth	<input type="text"/>

### IM Index Investments

Amount to be invested

IM Index 100	<input type="text"/>	%
IM Index 80	<input type="text"/>	%
IM Index 60	<input type="text"/>	%
IM Index 40	<input type="text"/>	%
IM Index 20	<input type="text"/>	%

### 3rd Party Investments

Name of Platform/Stockbroker	<input type="text"/>
Percentage to be invested	<input type="text"/>
Platform/Investment ref (if known)	<input type="text"/>

### Declaration

I declare that:

- I am the legal owner of the above policy and I am entitled to instruct the transfer of the policy.
- Unless otherwise, and explicitly, stated within this form the pension benefits from the above policy should be transferred in full.
- I have indicated above if any assets are to be transferred on an in specie basis and indemnify Intelligent Money from any loss that should occur from investments being sold and subsequently repurchased due to the incorrect completion of this form.
- I authorise Intelligent Money to invest the transfer proceeds upon receipt in line with the instruction provided and confirm if this instruction changes between now and the investment of the funds I will confirm this to Intelligent Money in writing.
- I have been advised to conduct this transfer and which investments to place by above adviser and any adviser remuneration in respect to the transfer should be paid to this adviser unless otherwise and explicitly stated, or until I provide a change of agency request.
- I understand that Intelligent Money have not provided me with advice in regards to this transfer and/or investment choices and indemnify them against any loss of value or benefits that may occur from transferring my pension.
- The policy to be transferred is not subject to bankruptcy proceedings nor court orders.
- Should I elect to cancel this transfer within the cancellation period, I may be subject to a loss in value of my pension fund and indemnify Intelligent Money from any responsibility in regards to this loss.
- I want to transfer the above mentioned policy to my pension with Intelligent Money.

Signature
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Date
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Name
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