

Pension Transfer Document

01. INTRODUCTION

This Pension Transfer Document should be completed by the Member and where applicable, the Receiving Scheme.

Please ensure all sections are completed. Failure to provide all relevant information and supporting documentation could result in a delay to the application being processed.

Please return paperwork to:

Momentum Pensions Limited

Westmoreland House
32 Circular Road
Douglas, IM1 1AE
Isle of Man

Tel +44 1624 619751

Fax +44 1624 612479

iom@momentumpensions.com

02. MEMBER DETAILS

Title	Forename/s	Surname
Date of Birth	UK NI Number	
Email Address	Mobile	
Home Telephone	Work Telephone	
Residential Address	City/Town	Post Code
	Country	
Correspondence Address (if different)	City/Town	Post Code
	Country	

03. PROFESSIONAL ADVISER DETAILS

I confirm that I have received advice as provided to me by the Professional Adviser listed below, and agreed to the recommended transfer:

Company Name	Adviser's Name
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I confirm that I have/have not sought advice to transfer my pension benefits held within the Momentum Isle of Man Pension Plan and I understand that upon transferring the pension benefits, I discharge the Trustees/Administrators of all liability for any benefits to me or my dependants.

Member's Name	Member's Signature
Date	

04. RECEIVING SCHEME DETAILS

Scheme Name	Trustee Name	Scheme Type
Registered Address	Town/City	Post Code
	Country	
HMRC QROPS Number:	HMRC QSM Number:	
Correspondence Address (if different)	City/Town	Post Code
	Country	
Email Address	Telephone	
Contact Name	Work Telephone	

05. TRANSFER DETAILS

Please confirm how the underlying investment is to be transferred:

In Specie Transfer Cash Transfer

Should a Cash transfer be made, please confirm the method of payment:

Cheque Bank Transfer to the following Bank Account:

Bank Name	Account Name
Sort Code	Account Number
SWIFT / BIC Code	IBAN Number

06. MEMBER DECLARATION

I confirm that:

- The information I provided within the application is true and accurate to the best of my knowledge.
- I wish to transfer my pension benefits to the Receiving Scheme with immediate effect.
- I authorise the Administrators to release any details of my pension benefits to the Receiving Scheme.
- I agree for the Administrators to deduct any agreed transfer out fee prior to releasing funds to the Receiving Scheme
- I understand that once the transfer is completed, The Trustees/Administrators will no longer have any liability to me or my dependants in respect to my pension benefits.
- I understand that Momentum will NOT be held liable for any tax charge as a result of this transfer.
- I understand that the Administrators are obliged to report this transfer to HMRC. Should the transfer be deemed to be unauthorised by HMRC, this could result in a tax charge on the transfer amount.

Member's Name

Member's Signature

Date

07. RECEIVING SCHEME DECLARATION

I certify that:

On behalf of the Scheme highlighted in section 4 and 5 of this application, the information provided is true and complete and we undertake to accept the transfer payment/in specie transfer from the transferring Scheme. We confirm that the receiving scheme is a QROPS or a UK Pension Plan, and that we comply with all of HMRC's reporting requirements.

For and on behalf of the Receiving Scheme:

Name

Signature

Position

Date