

ADDITIONAL TRANSFER-IN FORM

# THE CENTAURUS

RETIREMENT BENEFIT SCHEME

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**Sovereign Pension Services Limited**

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CentaATIF/4/21102024

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## Member details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full forename(s): \_\_\_\_\_

Plan Reference No: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address<sup>1</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

<sup>1</sup> Please note that should this be different to the residential address initially confirmed to us, proof of address no more than three months old will be required for us to update our records.

## Tax Residency Declaration

I am currently tax resident in: \_\_\_\_\_

Current tax reference number(s): \_\_\_\_\_

Date the above tax residency/residencies commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If not already provided, please provide us with documentary evidence from the tax authority, as proof of tax residency. This must be dated within 12 months preceding the date of this declaration.

1. Have you taken a pension payment in the previous Maltese tax year<sup>2</sup>?  Yes  No
- a. If yes, do you have other income earning assets in Malta<sup>3</sup>?  Yes  No
- b. If you have answered Yes to question 1(a), please provide us with your Maltese Tax Number: \_\_\_\_\_.
2. Have you changed tax residency country in the previous Maltese tax year<sup>2</sup>?  Yes  No

If you have answered yes to both questions 1 and 2 above, please also provide the following:

Previous tax residence country: \_\_\_\_\_ Tax reference: \_\_\_\_\_

- A closing tax certificate from your previous country of tax residence
- An opening tax certificate from your current country/countries of tax residence.

3. Are you presently treated as a UK tax resident?  Yes  No

If you have answered YES to question 3, the rest of this section need not be completed. Please proceed to sign and date the declaration.

If you have answered NO to question 3:

- a. Have you ever been resident or ordinarily tax resident in the United Kingdom?  Yes  No
- b. If yes, on what date did you cease residency in the United Kingdom? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Should the above date field be left blank, or not be fully completed, your payment may be delayed.

- c. Have you provided HMRC with a completed Form P85?  Yes  No

If yes, please supply a copy with this form.

I hereby confirm that I am not UK resident for tax purposes and have been non-UK tax resident for \_\_\_\_\_ full, complete and consecutive UK tax years<sup>4</sup>. I also confirm that it is not my intention to return to the UK in the foreseeable future.

Member's signature: \_\_\_\_\_

Member's full name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>2</sup> Maltese Tax year runs from 1st January to 31st December.

<sup>3</sup> Any asset held in Malta, such as further investments, property, etc, on which you are earning income.

<sup>4</sup> UK tax years run from 6th April to 5th April.

## Details of Additional Transfer-in

Scheme jurisdiction:  UK Scheme  
 Irish Scheme  
 QROPS  
 Other (please specify): \_\_\_\_\_

Scheme Type:  Defined Benefit  
 Defined Contribution  
 Personal Pension  
 Stakeholder  
 Other (please specify) \_\_\_\_\_

Name of transferring scheme: \_\_\_\_\_

Individual pension fund or policy number: \_\_\_\_\_

Pension fund address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate transfer value: \_\_\_\_\_ Guarantee date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension sharing/court order in respect of pension fund:  Yes  No

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Details of Additional Transfer-in 2

Scheme jurisdiction:  UK Scheme  
 Irish Scheme  
 QROPS  
 Other (please specify): \_\_\_\_\_

Scheme Type:  Defined Benefit  
 Defined Contribution  
 Personal Pension  
 Stakeholder  
 Other (please specify) \_\_\_\_\_

Name of transferring scheme: \_\_\_\_\_

Individual pension fund or policy number: \_\_\_\_\_

Pension fund address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate transfer value: \_\_\_\_\_ Guarantee date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension sharing/court order in respect of pension fund:  Yes  No

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any transfer values that are received will be held in the trustee's account (non-interest bearing) and accumulated until such time an amount is reached that can be invested and transferred to your existing investment.

Please note that non-UK Relevant Transfer Funds (RTFs) will fall under Malta Pension Rules and benefits can only be paid out of these funds as capped drawdown. Should your pension fund consist of both UK RTFs and Non-UK RTFs, the UK RTFs will first be paid out of your fund as Flexi-Access Drawdown (FAD) and the remaining fund value will be accessed via capped drawdown.

## Authority Letter

Name of pension scheme: **Centaurus Retirement Benefit Scheme**

Name of transferring scheme: \_\_\_\_\_

Member's name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ National Insurance number: \_\_\_\_\_

Policy/plan number: \_\_\_\_\_

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme to Sovereign Pension Services Limited.

Yours faithfully

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** *This letter only authorises Sovereign Pension Services Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme nor an application to move the scheme to another provider.*

## Authority Letter

Name of pension scheme: **Centaurus Retirement Benefit Scheme**

Name of transferring scheme: \_\_\_\_\_

Member's name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ National Insurance number: \_\_\_\_\_

Policy/plan number: \_\_\_\_\_

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme to Sovereign Pension Services Limited.

Yours faithfully

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** *This letter only authorises Sovereign Pension Services Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme nor an application to move the scheme to another provider.*

## Declaration

1. I hereby wish to make the aforementioned transfer(s) into my scheme and agree that they shall be held and administered in accordance with the rules and the terms and conditions of the scheme.
2. I agree to any time charges which may be raised by the trustee in order to accept the transfer(s). Time charges for any work undertaken not covered by our fee schedule are charged at €100 per hour.
3. I am aware that the transfer of any UK tax-relieved funds to a QROPS may be subject to the 25 per cent overseas transfer charge introduced in the UK Finance Act 2017 unless it meets the conditions to qualify for an exemption and I understand that the overseas transfer charge will apply if the conditions are not met at the time of transfer or at any time during the five complete and consecutive tax years immediately following the tax year in which the transfer is made. I am also aware that I will be jointly and severally liable with the trustee to pay the overseas transfer charge and that the charge may be paid out of my funds within the scheme or out of my personal funds.
4. I confirm and acknowledge that the trustee shall have no responsibility or liability to me for any loss to the value of my pension fund arising from my decision to proceed with my application to become a member of the scheme or the request to transfer any UK tax-relieved funds to the scheme notwithstanding the stipulations in the UK Finance Act 2017 and I agree to indemnify the trustee and the transferring scheme against all claims, demands and actions relating to the overseas transfer charge or any other tax, penalty or liability howsoever arising as a result of the transfer of my UK tax-relieved funds to the scheme, including any related losses, costs or expenses incurred.
5. I confirm that I have received independent advice from a firm permitted by the FCA to advise on pension transfers regarding the safeguarded benefits in my existing scheme and which included consideration of the scheme, my personal circumstances, the assets in which my pension funds will be invested, associated risks and all costs and charges. I understand that a transfer from my existing scheme will mean giving up any safeguarded benefits, guarantees or protections granted to me under that scheme and I confirm that having considered and understood that advice I wish to proceed with my pension transfer<sup>5</sup>.
6. I have not relied upon the trustee of the scheme, the Sovereign Group or any of its subsidiaries and officers of such subsidiaries for any legal or tax advice relating to my decision to make transfer(s) into my pension.

Member's signature: \_\_\_\_\_

Member's name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>5</sup>Only applicable for transfers from defined benefit schemes with a cash equivalent transfer value (CETV) of less than £30,000 or from defined contribution or other types of schemes with no safeguarded benefits. Otherwise independent pension advice must be obtained.



## Fee and Commission Disclosure

You should complete this section with the assistance of your appointed investment adviser.

It is important that you understand all fees chargeable to your Centaurus member's account both at establishment and on an ongoing basis.

Your appointed investment adviser will have provided you with an explanation regarding the third party charges. These fees are charged by parties other than Sovereign.

Please provide full details of fees payable at establishment and on an ongoing basis to the following:

### Appointed Investment Adviser Fees

Investment adviser establishment fee: \_\_\_\_\_ % or \_\_\_\_\_ (amount)

Ongoing investment adviser fee: \_\_\_\_\_ % or \_\_\_\_\_ (amount) per annum

These are fees payable to your appointed investment adviser, directly by Sovereign or by the investment provider upon your instruction and is separate from the commission payable to your appointed investment adviser by your chosen investment provider.

**OR**

### Appointed Investment Adviser Commission

Initial commission: \_\_\_\_\_ % or \_\_\_\_\_ (amount)

Ongoing commission: \_\_\_\_\_ % or \_\_\_\_\_ (amount) per annum

These are fees payable by your chosen investment provider to your appointed investment adviser.

### Chosen Investment Provider(s) Fees

Investment providers will include all investment platforms, life bonds, model portfolios, stockbroking accounts etc in which your member's account is invested.

If more than one investment provider is used, please provide details for each.

There may be other fees charged by investment providers such as dealing costs and custodian fees. Please ensure you have reviewed all documentation provided by your investment provider to ensure a full understanding of all the fees and charges your member's account may incur.

Name of investment provider: \_\_\_\_\_

**The charging structure issued by any investment provider must be attached. The charging structure must be signed by you as the applicant.**

I have attached a copy of my chosen investment provider's charging structure to this application form.

I am aware that the fees are based on the premium invested and that early surrender penalties will be incurred if surrendered within \_\_\_\_\_ years<sup>6</sup>.

Member's signature: \_\_\_\_\_

<sup>6</sup>Please note this cannot exceed five years.

## Mandatory Documentation Check List

- Personal details fully completed
- Signed Tax Residency Declaration
- Completed pension transfer paperwork
- Relevant HMRC CA/APSS forms
- Certified copy of passport or other government issued identity document
- Original or certified copy of proof of residential address (must not be older than three months)
- Completed investment paperwork and signed investment provider charging structure
- Signed declaration
- Signed Fee and Commission Disclosure form.