



# Your Island Pension (YIP) – Transfer-out Form

The pension built for you. Easy, simple, affordable.

Name of Member: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Name of the Sovereign transferring scheme: \_\_\_\_\_

Please note that Sovereign are only able to make a transfer to a comparable arrangement and where the trustee or administrator of the receiving scheme is willing and able to accept the transfer.

## Receiving Scheme Information

Name of receiving Scheme: \_\_\_\_\_

Name of pension provider: \_\_\_\_\_

Email address of pension provider: \_\_\_\_\_

Telephone number of pension provider: \_\_\_\_\_

## Member certification

I hereby request the transfer of my benefits from the Transferring Scheme to the Receiving Scheme. I acknowledge that on payment of this transfer I am discharging Sovereign as trustees of the Transferring Scheme from providing me with any further benefits under it. I give permission for the pension providers to discuss my personal information in order to carry out my instruction.

Please note that we will require the following documentation:

- Certified ID (Passport/driving licence)
- Certified Proof of Address (Utility bill/bank statement dated within last 3 months)
- Self certification form

Please see our Certification guide for people able to certify the documents and the information we require on the certifier as well as correct certification wording.

Signed: \_\_\_\_\_


Name (in block capitals): \_\_\_\_\_

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

## Need more information?

Contact Sovereign at:

 [yip@SovereignGroup.com](mailto:yip@SovereignGroup.com)

 01481 812200

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