

# The Lifetime SIPP

## Member Declaration - Defined Benefit/Safeguarded Benefit Transfer

Member Name:

Scheme Number:

Address:

Transferring From:   
(Name of current provider)

Scheme Name:

Scheme Ref:

I (members name)

being the prospective member/member of the above Scheme, write to instruct The Lifetime SIPP Company acting on behalf of The SIPP Trustee Company Limited to Transfer the above named Defined/Safeguarded Benefit Scheme to The Lifetime SIPP.

I have sought professional advice from the qualified and authorised adviser stated above regarding the suitability of this transfer compared to my attitude to risk.

Adviser Name:

Company Name:

Company FCA No:

I confirm that (Please tick all that apply):

I can confirm that I understand that I may be giving up guaranteed benefits under the transferring scheme that I may not be able to replicate after the transfer.

In making this transfer, I have informed any person who may be entitled to dependant's benefits under the transferring scheme, and accept all responsibility for the transfer.

I am medically able to make the decision to transfer (in accordance with the Mental Capacity Act), using the resources available to me.

I have sought guidance from Pension Wise, as recommended by the Government.

I have not been offered any personal financial incentive to transfer my benefits into The Lifetime SIPP.

**Please return completed form to:**

**The Lifetime SIPP Company Ltd**, 8th Floor, 25 Marsh Street, Bristol, BS1 4AQ

Authorised and regulated by the Financial Conduct Authority 464526 and registered in England and Wales 02455807

**T:** 0117 316 9944 **E:** info@thelifetimesipp.com **W:** www.thelifetimesipp.com

**1) in relation to the Fund Transfer:**

a) I shall have no claim or right of action of any kind for compensation or otherwise against the SIPP Trustee (whether as sole corporate trustee of the SIPP or otherwise), Company and/or any of their officers or employees in respect of all and any liabilities, costs, expenses, tax charges or penalties, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit and all interest, penalties and legal costs and all other professional costs and expenses) suffered or incurred by me (whether directly or indirectly) as a result of or in connection with the Fund Transfer; and

b) I shall indemnify the SIPP Trustee and/or Company against all liabilities, costs, expenses, tax charges and penalties, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other professional costs and expenses) suffered or incurred (whether directly or indirectly) by the SIPP Trustee (as sole corporate trustee of the SIPP or otherwise) and/or the Company as a result of or in connection with the Fund Transfer.

This authority form and any disputes or claims arising out of or in connection with it (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales and the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this letter.

I am fully aware that Lifetime act on an Execution Only Basis as directed by me as scheme member and that Lifetime has not provided any advice whatsoever in respect of the transfer or the SIPP.

This document has been executed as a deed and is delivered and takes effect on the date stated below.

I can confirm that the information provided in this document is to the best of my knowledge correct.

**Signed by Member**

Name:

Date:

Signature:

**Witnessed by**

Name:

Relation to member:

Date:

Signature:

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