

The Lifetime SIPP

Financial Adviser Declaration - Defined Benefit/Safeguarded Benefit Transfer

Member Name:

Adviser Name:

Adviser FCA No:

Company Name:

Position in Company:

Company FCA No:

I can confirm that I hold suitable FCA permissions to provide financial advice for the transfer of the following named Defined/Safeguarded Benefit Scheme to The Lifetime SIPP and that the advice provided has been checked by a Pension Transfer Specialist.

Scheme Name:

I can confirm that I hold a current Terms of Business with The Lifetime SIPP, and the advice given conforms to the terms set out by Lifetime

OR

I enclose a copy of my Statement of Professional Standing

Signed:

Date:

Please return completed form to:

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