

# The Lifetime SIPP

## Childs Application Form

Childs Name:

Address:

Address:

Address:

Post Code:

No of years at current address:  If fewer than 3 years please give previous address:

Address :

Address:

Address:

Post Code:

Date of Birth:    Male/Female:  Chosen retirement age:

**Please provide a copy of the childs birth certificate for our due diligence requirements.**

If the child is over the age of 16 please tick the box that best describes the status of the child:

Employed  Full-time education  Self-employed  Unemployed  Full time carer

### Guardians Details:

Name:

Address:

Address:

Address:

Post Code:

No of years at current address:  If fewer than 3 years please give previous address:

Address:

Address:

Address:

Post Code:

Telephone: Home:  Mobile:

Email:

**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

Date of Birth:    NI Number:

Full Driving licence no:  Issue date:

Passport Number:  Expiry date:     
(The long number on the bottom of your passport)

Your Relationship to the child:  Mother  Father  Legal Guardian  Other

The Key Features document contains important information regarding how the Lifetime SIPP works, its structure and the rules that apply to your membership of the SIPP. This should be read prior to signing the application and if there is anything you do not understand you should ask your adviser. The Trust Deed and Rules are available on request.

Within the Lifetime SIPP I wish to start the plan as (Please tick as appropriate)

Elective SIPP:  Optimum SIPP:

In return for the services to be provided by Lifetime, I agree that Lifetime may deduct from my pension fund their charges, initial and ongoing, as outlined in the schedule of fees.

I hereby appoint (Please insert name of IFA)

as the Independent Financial Adviser on my Lifetime SIPP. I can confirm that I have been provided with suitable financial advice in respect of the establishment and funding of my Lifetime SIPP.

As part of that advice, I have received an appropriate key features illustration (delete as appropriate);

Copy attached / Aries Ref No:

Initial payment  or  % of initial contribution / transfer value

Ongoing Payment  or  % of fund value, payable

I can confirm I am happy for Lifetime to settle these fees and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement from my pension funds upon receipt of appropriate invoices. If there are insufficient pension funds to settle any fees from my Lifetime SIPP I agree to make alternative arrangements for settlement.

Lifetime is also authorised to seek information from any third party necessary to establish this arrangement, and may realise any of the investments held for my benefit in order to pay such charges and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement.

I hereby appoint (please insert name of investment manager)

As investment managers for the purposes of the Lifetime SIPP and fully understand and agree that in all circumstances I am solely responsible for all decisions relating to the purchase, retention and sale of investments held under the SIPP for my benefit. I agree to fully indemnify Lifetime (the SIPP Provider) and The SIPP Trustee Company Limited (The SIPP Trustee) against any claim in respect of such decisions.

I have read the leaflet "Key Features of The Lifetime SIPP" and have been notified of the charges involved in setting up and administering the SIPP. I hereby apply to The Lifetime SIPP Company Ltd (Lifetime) to become a member of the Lifetime SIPP and agree to be bound by the scheme's Trust Deed and Rules. I confirm that, to the best of my knowledge, the information provided on this Application Form and the accompanying forms is correct.

**It is a serious offence to make false statements and doing so could lead to prosecution.**

Signed:  Date:

**Please return completed form to:**

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