

The Lifetime SIPP

SIPP Checklist

Applicant Name:

Sent From:

Date:

Please find enclosed the following:

	Attached	To Follow	Not Required
Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Authority Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Specie Contribution Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression of Wish Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Net Worth / Sophisticated Investor Declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Client Declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if a cheque is enclosed:

Yes: No:

Amount:

Notes:

Please return completed form to:

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