

The Lifetime SIPP

Financial Adviser Declaration

Member Name:

Scheme Number: National Insurance No:

IFA Name:

Company Name:

FCA Number:

Position in Company:

KFI Reference:

The above named client is establishing a new SIPP - I can confirm that I hold suitable FCA permissions to provide financial advice for the establishment of the attached Lifetime SIPP application. I have provided the client named above with financial advice on the suitability of the SIPP, the funding of the SIPP, the suitability of investments being made, retirement planning and the above named client is following the advice given.

OR

The above named client has an existing Lifetime SIPP - I can confirm that I hold suitable FCA permissions to provide financial advice to the above client in respect of their current SIPP, and from the date of my appointment, I will provide the client named above with financial advice of the on-going suitability of their SIPP, on-going suitability of investments held by their SIPP, future funding, future investments and retirement planning.

The client is aware that the advice I will provide is from the date of my appointment and I am not taking on any liability for past advice and transactions in respect of the SIPP.

Signed:

Date:

Please return completed form to:

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