

# The Lifetime SIPP

## New Financial Adviser Declaration

**Client:**

**Address:**

**Date of Birth:**

**SIPP Name:**

**SIPP Number:**

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:**

**Full Name:**

**Position:**

**Company:**

**FCA Reference:**

**Date of appointment:**

**Please return completed form to:**

**The Lifetime SIPP Company Ltd 25 Marsh Street, Bristol BS1 4AQ is authorised and regulated by the Financial Conduct Authority 464526**

**Registered in England and Wales No 02455807**

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