

The Hartley **SIPP** Financial Adviser Declaration for Defined Benefit Transfer

Client Name:

IFA Name:

Advisers FCA Number:

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

Scheme Name:

I can confirm that in accordance to the clients attitude to risk I have advised them to transfer the benefits of the above named scheme into The Hartley SIPP and I accept full responsibility for the advice given.

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

Or

I enclose a copy of my Statement of Professional Standing

Signed:

Dated:

Full Name:

Position:

Company:

Company FCA Number:

Please return completed form to:

The Hartley SIPP c/o The Lifetime SIPP Company Ltd 25 Marsh Street, Bristol BS1 4AQ

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