

The Lifetime **SIPP** Financial Adviser Declaration for Defined/Safeguarded 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/Safeguarded Benefit Scheme to The Lifetime 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 Lifetime 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, 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 Lifetime SIPP Company Ltd 25 Marsh Street, Bristol BS1 4AQ is authorised and regulated by the Financial Conduct Authority 464526

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