

Adviser declaration



Member's details

Surname	
Forename(s)	
Date of birth	/ /
National Insurance number	- - -
Telephone number	
Email address	
Principal residential address	

Adviser's details

Important

This section should be completed by a regulated UK adviser/intermediary and should accompany the Essential SIPP Application Form

Name of authorised individual	
Full name of regulated firm	
Correspondence address	
Telephone number	
Fax number	
Email address	
Name of regulator	
Regulator's reference number for firm	
Regulator's reference number for individual adviser	
If the regulated organisation is an appointed representative or part of a network, please provide details	<p>Name of network:</p> <p>Regulator's firm reference number network:</p>

Adviser's declaration and signature

Nature of initial advice

How did the transaction take place? Face to face Remotely

Did you advise your client specifically to establish a Stadia Trustees Limited Essential SIPP? Yes No

Did you advise your client on the suitability of transferring any employer-sponsored schemes to a Stadia Trustees Limited Essential SIPP? Yes No

Commission
Initial
.....
Ongoing

Advisor bank account name

Advisor account number

Advisor sort code

Amount in figures

£

Amount in words

Read these points

I/We confirm that I/we have checked the identity of the investor and have:

- seen the original documents
- checked that any documents needing a signature were pre-signed
- confirmed that any associated photograph of the investor bore a true likeness to the applicant
- included the relevant reference information or certified documentary evidence with this form
- agreed to receive details of my client's Stadia Trustees Limited Essential SIPP by post, fax, or email
- have checked that all the relevant literature given to our client is the latest available version, including this application form.

Sign and date here

The person who signs this declaration must be the person who has seen the original documentary evidence.

Name:

Position in organisation:

Signed:

Date:

Member's declaration and signature

Read these points

I confirm that I have received advice from the advisor and I confirm that I have agreed the fee structure as stated above.

I give my permission for the investment company to pay the annual fee directly to:

Name of advisor

Sign and date here

Signature of member

Date: