

# The Essential SIPP

## Member Investment Instruction Form

<b>Source:</b>	<b>Date Received:</b>
<b>IFA:</b>	<b>FSA Number:</b>

<b>Member Details:</b>	
Full Name (s):	
SIPP Plan Number: (if known)	

<b>Investment Type:</b>
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- 1        **FSA Regulated Investment**
- Collective Investment (i.e. Unit Trust, OEIC, etc.)
- Discretionary Fund Manager
- Execution Only Sharedealing
- 2        **Non-Regulated Investment**
- 3        **Commercial Land or Property**

<b>Investment Details:</b> (please specify the amount of funds £ you wish to invest & where)		
I wish to invest a total of:	£	
I wish to invest in: <small>Please specify Investment Provider, Investment Product, &amp; if appropriate SEDOL numbers</small>		£
		£
		£
		£
		£
		£

*Please note that where the investment is in property and or unlisted securities further details will be required in order for the investment to proceed.*

**Please indicate where you heard about this investment:**

- SIPWISE

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- Introducer / IFA

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- Other (Please specify)

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I confirm that I have read and understood the terms and conditions of the investment with which I wish my SIPP to invest, and if required, the Escrow Terms and Conditions provided.

I authorise Stadia Trustees Limited to make the above purchase and sign all documentation to enable this investment to be made through my SIPP.

I confirm that I have read all the relevant Terms and Conditions that relate to this investment and I understand the risks associated with it, including (but not limited to) those relating to currency risk, illiquidity and unrecoverable local taxation. I confirm that I have carried out my own due diligence on this investment to my full satisfaction.

I confirm I have not received any investment or other advice regarding this investment from Stadia Trustees Limited.

**Signature:**

Signed (Scheme Member):

Print Name:

Date:

**Office Use Only – To Be Completed by Stadia Trustees Limited**

Confirmation of Instructions Received:

Date:

Initial:

Confirmation of Investment Made:

Date:

Initial:

Confirmation Sent to Member:

Date:

Initial:

Internal File Review Completed:

Print Name:

Date: