

## Pension Money SIPP

DEFINED BENEFIT/SAFEGUARDED BENEFIT TRANSFER

| Member Name         |  |
|---------------------|--|
| Adviser Name        |  |
| Adviser FCA No      |  |
| Company Name        |  |
| Position in Company |  |
| Company FCA No      |  |

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 Pension Money SIPP and that the advice provided has been checked by a Pension Transfer Specialist.

| Scheme Name        |  |      |  |
|--------------------|--|------|--|
| I enclose a copy c | of my Statement of Professional Standing |      |  |
| Signed             |  | Date |  |
|                    |  |      |  |

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