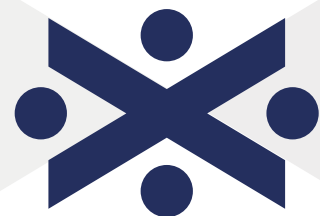




Bank of Scotland Share Dealing SIPP

Financial advice declaration form



**BANK OF
SCOTLAND**

This form lets you confirm that a suitably qualified financial adviser has recommended that you transfer a defined benefit/ final salary pension scheme or a scheme that includes safeguarded benefits worth £30,000 or more. Please complete the first part of the form, before asking your adviser to complete the last part. Then send this completed form to us along with your SIPP transfer form.

Please use BLOCK CAPITALS only and blue or black ink. Once completed please return the form to us at the address below.

Bank of Scotland Share Dealing SIPP Administration Team
4 Exchange Quay
Salford Quays
Manchester
M5 3EE

If you would like a copy of this or any other item of our literature in large print, Braille or audio format, please contact us on 0345 606 1188 or by email at bossipp@sippdeal.co.uk

Account holder details

Title Dr/Mr/Mrs/Miss/Ms/Other	<input type="text"/>
First names	<input type="text"/>
Surname	<input type="text"/>
SIPP account number	<input type="text"/>

Transferring pension scheme details

Transferring pension scheme name	<input type="text"/>
Transferring pension scheme account number	<input type="text"/>
Receiving pension scheme	<input type="text"/>

Please print your name, sign and date below to confirm that you've received a recommendation to transfer the defined benefit/final salary pension scheme that includes safeguarded benefits detailed above.

Customer name	<input type="text"/>		
Customer signature	<input type="text"/>	Date	<input type="text"/>

Financial adviser details

Name of company	<input type="text"/>
FCA Reference number	<input type="text"/>
Adviser name	<input type="text"/>
Adviser FCA Reference number	<input type="text"/>

Declaration

I confirm that I have provided the above-named customer with financial advice in agreement with the Pensions Act 2015 (Transitional Provisionals and Appropriate Independent Advice Regulations 2015).

I confirm that I have recommended this pension transfer and believe it to be suitable for the customer.

I confirm that I have the necessary permission under part 4a of the Financial services and Markets Act 2000, or resulting from any other provision of the act, to carry on the regulated activity under article 53e of the regulated activity order.

Please print your name, sign and date below to confirm you have read and understood the declarations.

Adviser name

Adviser signature

Date

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