

Premier SIPP Flexi-Access Drawdown Fund Member Election

Scheme Name:	
Member's Title:	(Mr, Miss, Mrs, Ms, Other)
Member's Full Name:	
National Insurance No:	
To: Options UK Personal Pensions LLP (the	"Scheme Administrator")
l,	, wish to designate all
sums and assets which are currently held wi Drawdown arrangement(s).	thin my Capped Drawdown arrangement(s) to a Flexi-Access
I understand this becomes effective from the carrangement(s) following the 6th April 2015.	date that I first draw an income from the Flexi-Access Drawdown
money purchase arrangements will effectiv onwards). If my total pension inputs exceed t i. there will be an Annual Allowance Char	
	ccess Statement, pass on the information contained within the ach of my other Registered Pension Schemes (if applicable) of
statement (except as a result of a recognise	er Registered Pension Scheme after the date of receipt of the d transfer) I will pass on the information contained within the hat other scheme within 91 days beginning with the date of
Member's Signature:	Date: Day Month Year



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FOR MORE INFORMATION PLEASE CONTACT

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