



Our SIPP New Business Illustration Request

For Direct Execution Only Clients

In order to help us meet the UK regulatory requirements to provide you with a specific new business illustration for our SIPP, please complete this form as fully as possible and email to illustrations@optionspensions.com

You are requesting to establish our SIPP on an execution only basis, and in doing so you have decided not to take independent financial advice from a regulated adviser. The illustration we provide you is based on the information you provide to us and cannot in any way constitute you receiving advice from us.

The security and safety of your data is very important to us. A copy of our privacy notice is available on our website www.optionspensions.co.uk/privacy

If you have any questions, or need to discuss specific client requirements please give our Illustrations Team a call on 0330 124 1505.

Your Details				
Title				
First name				
Surname				
Date of birth				
Intended retirement age				
Gender	Male	Female		
Marital status	Single	Married	Civil Partnership	0
Spouse date of birth (if applicable)				
Residency status	Rest of l	UK Sco	otland Wales	
Gross salary	£		Income tax rate	%
Do you have pension protection	Yes	No		
If yes, please confirm type of pen	sion protection	on in place (plea	ase tick one)	
Primary		Fixed 2012	Fixed 2014	
Fixed 2016 Individual	2014	Individual 2016		
Our SIPP Product Fee	es (please	e tick one)		

Your Premier SIPP



Your Simple SIPP

Transfer details

These provide us with details of any schemes you have decided to transfer to us. Please note if you have a Defined Benefit Scheme/Final Salary Scheme, you MUST take appropriate advice.

Name of transferring plan (optional)						
Estimated transfer value	£					
s the transfer in drawdown?	Yes	No				
Name of transferring plan (optional)						
Estimated transfer value	£					
s the transfer in drawdown?	Yes	No				
	In-specie	Co	ash			

In-specie transfer details

Please provide a full schedule of assets you wish to transfer in-specie. We will only accept a transfer of assets (in-specie) which are allowable within our SIPP.

ISIN/SEDOL	Investment provider	Number of Units

If you need to include more transfer details, please provide them by email with this form to our Illustrations Team at illustrations@optionspensions.com

Contribution details (if applicable)

Regular Contribution

Personal/employee/third party	£				(net)	
Frequency		Monthly	Quarterly	Half yearly	Annually	
Employer	£				(gross)	
Frequency		Monthly	Quarterly	Half yearly	Annually	

Single Contribution

Personal/employee/third party	£	(net)
Employer	£	(gross)



Drawdown details (if applicable)

Tax free cash	Maximum available			
	Specified amount (please state)	£		
Income	Specified amount (please state)	£		(gross)
	Entire fund		Nil amount	
Frequency of income payments	Monthly		Quarterly	
	Half yearly		Annually	
	One-off payment			

Uncrystallised funds pension lump sum (if applicable)

Please state the lump sum requirement from the uncrystallised part of your pension fund

Entire pension fund	or	Specify the gross amount for the lump sum	£
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Investments

These are details of where you are choosing to invest your pensions funds once your SIPP is established.

Investment type	Investment provider	Amount or % to be invested	Assumed AMC

Once completed please email a copy of this form to illustrations@optionspensions.com



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FOR MORE INFORMATION PLEASE CONTACT

OPTIONS UK PERSONAL PENSIONS LLP

1st Floor Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes, Buckinghamshire, MK4 1GA.

T: +44 (0) 330 124 1505

optionspensions.co.uk enquiries@optionspensions.com