



The Options Self-Invested Personal Pension (SIPP)

Drawdown Benefit Request Form

Full Name

SIPP Reference

Benefit Choice

I have read and understood your letter and the documentation provided, which sets out the benefits available to me from the SIPP. Please arrange for my drawdown instructions to be altered, or applied, as detailed in this form. I request payment of the following benefit from my SIPP (please tick).

Capped Drawdown
(Additional Fund designation)

UFPLS
Uncrystallised Funds Pension Lump Sum)

Flexi-access Drawdown

Please provide details of the benefits you wish to take (only complete **one** of the following options A-D).

A. I wish to allocate to draw benefits from

B. I wish to take a tax-free lump sum of Net Or Gross

C. I wish to draw a target annual income of

D. I wish to fully allocate to draw down and take maximum Pension Commencement Lump Sum (PCLS)

Income Payments / Payment Details

How frequently would you like income to be paid?

Monthly Quarterly Half Yearly Yearly Single Payment

Start Date

I understand that single payments will be paid on the next payroll date (28th of the month) unless I specify otherwise at which point additional charges apply. Any changes to income amounts or frequency must be provided in writing in order for the update to take place.

Please give full details of where you would like payments to be made, if different to what we hold on file already.

Bank/Building Society Name

Address

Postcode

Sort Code

Account Number

Roll Number (Building Society)

Name(s) in which the account is held

Declaration

Have you previously accessed any benefits flexibly and are already subject to the Money Purchase Annual Allowance (MPAA) rules?

Yes No

If yes, please advise the date you triggered the MPAA rules

Lifetime Allowance

Please state the percentage of your Lifetime Allowance used by any other pension benefits you currently have in payment. Please provide copies of any HMRC Protection Certificated you have.

 %

In the event that there are insufficient funds in the SIPP's bank account to pay the benefits I have requested, I authorise you to make the following disinvestments. Further, I understand benefits cannot be paid to me until the disinvestments are complete.

Investment Company	Policy Number	Fund Name	Amount to be Disinvested (£ or % of Fund)

These instructions are to remain in place until I inform you of any change. If at any time the value of my SIPP and the cash held therein is insufficient to provide or maintain my pension income (be it at the level chosen by me or the maximum permitted by HMRC), I agree that I will not hold you, Options SIPP UK LLP (or MK SIPP Trustees Limited), liable for any shortfall.

I declare that I am not taking the Pension Commencement Lump Sum with the intention of significantly increasing contributions to one or more registered pension schemes.

I understand that if I have chosen NOT to take my Pension Commencement Lump Sum from the fund I am taking benefits from, I have then waived the right to this tax free lump sum and I am unable to reverse my decision in the future.

I understand that Options SIPP UK LLP (and MK SIPP Trustees Limited) are acting on my (and, where relevant, my adviser's) instructions and on information provided by me/us. Further, I understand that Options SIPP UK LLP (and MK SIPP Trustees Limited) do not provide advice and will not accept any liability or responsibility for the accuracy or otherwise of the information provided.

Signed

Print Name

Date

Please return this Drawdown Benefit Request form with your completed Key Facts Retirement Questionnaire to:

Options SIPP UK LLP

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



FOR MORE INFORMATION PLEASE CONTACT

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