



The Options Workplace Pension Trust

Retirement Guidance Confirmation/Opt-Out Form

Please use this form to indicate your decision on receiving guidance prior to accessing your retirement benefits. We will require this form to be completed and returned before we can proceed to issue you with a Retirement Benefit Request form.

Please send your completed form to Options Corporate Pensions UK Ltd, 1st Floor Lakeside House, Shirwell Crescent, Furzton, Milton Keynes, MK4 1GA, or email a scanned copy to us at OWPT@optionspensions.co.uk.

1. Member details

Full Name:

National Insurance No: Date of Birth: Day Month Year

Please complete one of the following options by ticking the appropriate box:

2. Pension Wise Retirement Guidance

I confirm I have attended a Pension Wise Retirement Guidance appointment within the last 12 months.

Date of Appointment: Day Month Year

3. Independent Financial Advice

I have received Independent Financial Advice regarding my Retirement Options

Please give details of the Financial Adviser who provided you with pensions advice.

Name of Adviser/
Representative's Company:

Firms' FCA registration Number:

Address for Adviser/
Representative Firm:

Date of Advice: Day Month Year

4. Opting out of Guidance

I have declined the offer of Pension Wise Guidance or Independent Financial Advice. I acknowledge that any decision I make regarding my Retirement Options is based on my own knowledge and understanding of the options available.

Please Sign and Date Below

Member's Signature:

Date: Day Month Year



FOR MORE INFORMATION PLEASE CONTACT
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