



## Our SIPP Drawdown Benefit Request Form

Full Name					S	IPP Reference	9		
Benefit	Choice								
me from the	and understood your letestippe. SIPP. Please arrange four the following b	r my drav	wdown instr	uctions to	be altere				
	Capp (Additional Fun	<b>ed Draw</b> o d designo			Uncrysta	Illised Funds P	ension		JFPLS Sum)
	Flexi-acce	ess Draw	down						
	de details of the benefits ete <b>one</b> of the following o								
A. I wish to c	allocate to draw benefit	s of	£						
B. I wish to to	ake a tax-free lump sun	n of	£	Net C					Gross
C. I wish to d	draw a target annual inc	come of	£						
D. I wish to f	fully allocate to draw do	wn and t	take maxim	um Pensi	ion Comm	encement Lur	np Sui	m (PCl	_S)
	Payments / Po			ls					
Monthly	Quarterly	Half`	Yearly	Ye	early	Single Po	ıymen	t	
	Start	Date							
by you, at w	that single payments will hich point additional cho order for the update to t	arges app	oly. Any cha						
Please give f	full details of where you	would lik	e payments	s to be m	ade, if diff	erent to what	we ho	ld on f	ile already.
	Bank/Building Society 1	Name							
	Ad	dress							
	Pos	tcode							
	Sort	Code			A	ccount Numbe	er		
Ro	oll Number (Building So	ciety)							
Name(s	s) in which the account is	sheld							
	selected for your paymer statement for this accou								



to satisfy our Anti-Money Laundering verification requirements.

		1			
1)	ecl		ra	Iti	n
	C-1.				

Declaration								
Have you previous	sly accessed (			ly and are al Annual Allo			Yes	No
	If yes,	please advi	se the c	date you trig	gered the M	PAA rules		
Lifetime Allowance								
Please state the pe benefits you	ercentage of u currently ha		ent. Ple		copies of a	ny HMRC		%
In the event that there authorise you to make disinvestments are cor	e the following							
Investment Com	npany	Policy Number		Fund Na	me	Amo	ount to be (£ or % o	Disinvested f Fund)
These instructions are the cash held therein is the maximum permitte Trustees UK Limited), li	s insufficient t ed by HMRC), iable for any s	o provide oi I agree that shortfall.	r maint	ain my pensi ot hold you, (	on income Options UK	(be it at th Personal f	ne level ch Pensions L	osen by me or LP (or MK SIPF
I declare that I am not contributions to one or					m with the	intention c	of significa	ntly increasing
I understand that if I ho benefits from, I have th future.								
I understand that Opti where relevant, my adv UK Personal Pensions I or responsibility for the	viser's) instruct LLP (and MK S	tions and on IPP Trustees	inform SUK Lin	ation provide nited) do not	ed by me/us provide ad	s. Further, İ	understar	nd that Options
Signed				P	rint Name			
Date								

Please return this Drawdown Benefit Request form with your completed Key Facts Retirement Questionnaire to: Options UK Personal Pensions LLP

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





Options UK Personal Pensions LLP, company no. OC345142 and Options Corporate Pensions UK Ltd, company no. 09358998. Registered in England & Wales: 1st Floor Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes, Buckinghamshire, MK4 1GA. Options UK Personal Pensions LLP is authorised and regulated by the Financial Conduct Authority, FRN 501747. Options Corporate Pensions UK Ltd is regulated by The Pensions Regulator.

## 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.co.uk

CAB05/20©Options Page 2 of 2