

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.co.uk

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	<input style="width: 100%;" type="text"/>		
First name	<input style="width: 100%;" type="text"/>		
Surname	<input style="width: 100%;" type="text"/>		
Date of birth	<input style="width: 100%;" type="text"/>		
Intended retirement age	<input style="width: 100%;" type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Partnership
Spouse date of birth (if applicable)	<input style="width: 100%;" type="text"/>		
Residency status	<input type="checkbox"/> Rest of UK	<input type="checkbox"/> Scotland	<input type="checkbox"/> Wales
Gross salary	£ <input style="width: 100%;" type="text"/>	Income tax rate	<input style="width: 100%;" type="text"/> %
Do you have pension protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If yes, please confirm type of pension protection in place (please tick one)

<input type="checkbox"/> Primary	<input type="checkbox"/> Enhanced	<input type="checkbox"/> Fixed 2012	<input type="checkbox"/> Fixed 2014
<input type="checkbox"/> Fixed 2016	<input type="checkbox"/> Individual 2014	<input type="checkbox"/> Individual 2016	

Our SIPP Product Fees (please tick one)

<input type="checkbox"/> Simple	<input type="checkbox"/> Smart	<input type="checkbox"/> Smart Plus
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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 £

Is the transfer in drawdown?

Name of transferring plan (optional)

Estimated transfer value £

Is the transfer in drawdown?

In-specie Cash

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.co.uk

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) £ <input type="text"/>
	Income	Specified amount	(please state) £ <input type="text"/> (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 £

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.co.uk



FOR MORE INFORMATION PLEASE CONTACT
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