

Our SIPP New Business Illustration Request

In order to help you meet the UK regulatory requirements to provide your client with a specific new business illustration for our SIPP, please complete this form as fully as possible and email to:

illustrations@optionspensions.com

The security and safety of your data and your client's 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.

Financial Adviser Details

Financial adviser name	<input type="text"/>
Financial adviser company name	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

Client Details

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

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

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

Our SIPP Product Fees (please tick one)

<input type="button" value="Your Simple SIPP"/>	<input type="button" value="Your Premier SIPP"/>
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Transfer details

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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Employer £ (gross)

Frequency

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 client's pension fund.

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

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

Financial Adviser Fees

Initial Fees

£	and/or	%
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For drawdown illustrations only:

Is this initial fee to be calculated before of after tax-free cash

Before

After

Annual Fees

£	and/or	%
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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