



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.co.uk

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

options

for your tomorrow

PART OF STM GROUP PLC

Financial ad	viser nam	e								 	
Financial adviser com	bany nam	e [
Em	ail addres	s									
Telepho	ne numbe	r									
Client Details											
	Title										
Fir	st name										
S	Surname										
Date	of birth										
Intended retirem	nent age										
	Gender		Male		Female	è					
Mari	tal status		Single		Marrie	d		Civil Partnersh	ip		
Spouse dat	e of birth applicable)				7						
	cy status		Rest of l	JK		Sco	otland	Wale	S		
Gro	ss salary	£					1	ncome tax rat	e	 	%
Do you have pension p	rotection		Yes		No						,
If yes, please confirm ty	Jpe of pen	sion	protectio	on in p	place (p	lea	ise ticł	k one)			
Primary	Enhanced			Fixed	d 2012			Fixed 2014			
Fixed 2016	Individual	2014		Indiv	idual 201	6					
Our SIPP Produ	ict Eoc		plage	, ticl	(on o)						
					(one)						
Your Simple SIPP	Ϋ́C	ur Pr	emier SIF	96							
Option	STM DAD		CPOI							Page	1 of 3

Transfer details

Name of transferring plan (optional)	
Estimated transfer value	£
Is the transfer in drawdown?	Yes No
Name of transferring plan (optional)	
Estimated transfer value	£
Is the transfer in drawdown?	Yes No
	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	Halfyearly	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)	£		
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 % For drawdown illustrations only: Is this initial fee to be calculated before of after tax-free cash After Before **Annual Fees** and/or £ % Once completed please email a copy of this form to illustrations@optionspensions.co.uk



FOR MORE INFORMATION PLEASE CONTACT

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