



Your Premier SIPP Application Form Advised Clients



Your Premier SIPP Application Form for Advised Clients

Before you complete this application you should read our SIPP key features document, terms & conditions and schedule of fees.

This application should be completed in full using CAPITALS. Boxes should be ticked.

Please return your completed application form along with certified copies of your identity verification documents (please don't send us your original documents) and other relevant information to:

Options UK Personal Pensions LLP, 2nd Floor, Fitzalan House, Fitzalan Court, Fitzalan Place, Cardiff CF24 0EL.

To request a copy of this application form in braille, large print or audio you can request this by calling us on 029 20557000, by email at optionspremiersipp@optionspensions.com or writing to us at the address above.

Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd ('trustee') will not provide you with any advice and aren't responsible for the suitability or appropriateness of your decision to set up a Self-Invested Personal Pension (SIPP).

This application should only be completed if you are receiving advice from a Financial Conduct Authority regulated financial adviser.

Please answer the following questions before completing this application, if any of the answers are NO we will not process your application.

I have had the opportunity to read the key features document and the terms & conditions and acknowledge I have had the opportunity to ask any questions to confirm my understanding.

Yes

No

I have read and accept the current schedule of fees.

Yes

No

I accept and acknowledge that Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd have not provided any financial or investment advice.

Yes

No

I accept and acknowledge that Options UK Personal Pensions LLP can act on the instructions of my financial adviser as indicated in this application form.

Yes

No

I consent to Options UK Personal Pensions LLP processing and holding my personal data to establish and administer my SIPP.

Yes

No

1. Personal Details

Title	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Permanent residential address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Email is our preferred method of communication with you, but please tick your preference below:

	by phone	by email
Date of birth	<input type="text"/>	
National Insurance Number	<input type="text"/>	
Status (please tick)	Single	Married/Civil partnership
		Partnered
		Other
Gender (please tick)	Male	Female
		Non-binary
Nationality	<input type="text"/>	
Is English your first language?	Yes	No
If no please state	<input type="text"/>	

Source of Wealth and Funds – must be completed for all applications

(Evidence may be required)

Please tick the boxes that best describe the origin of your personal wealth.

Income from employment	Divorce settlement
Income from savings/investments	Income from a lifetime annuity
Pensions income from registered pension scheme	Gift
Inheritance	Lottery or other gambling winnings
Sale of a property	Other, please specify <input type="text"/>

Please tick one or more of the following that you intend to use to fund your SIPP

Transfer from a registered pension scheme	Personal contributions
Contributions from employer	Contributions from a third party
Pension sharing order	Please state their name and relationship to you
Other, please specify <input type="text"/>	<input type="text"/>

2. Occupation & eligibility

Occupation			
Job title			
Approximate annual earnings	£		
Occupational status	Employed	Self-employed	Unemployed
	Full-time education	Caring for under 16s	Caring for person 16 or over
	Other		

If employed please provide employer details below:

Company name	
Companies House number	
Correspondence address	
Telephone	
Email	
Name of company contact	

3. Pension protection

If you have applied to protect your lifetime allowance with HM Revenue & Customs (HMRC), they'll have issued you a confirmation of your personal lifetime allowance. If this applies please provide us with a certified copy of your protection certificate or details of your HMRC reference number with this application.

Do you have any pension protections?

4. Taking benefits (Retirement)

Please let us know in the box below, an age from 55*, of when you would like to start taking your pension benefits. This does not affect your rights to begin taking benefits at any age permitted. If you leave this box blank, we assume you will start taking benefits at age 75.

Selected retirement age		Selected retirement date	
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If you intend taking benefits from your SIPP immediately from establishment and once monies have been received please let us know by ticking the box and we will send you required documentation

*Please note that from 6th April 2028 you will normally need to be at least age 57 to start accessing benefits.

5. Contributions

If you wish to make regular contributions please complete the Standing Order Mandate that is included in the application.

Any employer contributions are paid to your SIPP gross. This means that the amount of the contribution paid in to your SIPP is the total amount that will be credited to your SIPP. Personal and self-employed contributions are paid net of basic rate tax, provided you are under age 75 and within your tax relieviable limit for the tax year. Further information on these limits and your responsibilities is available in our SIPP member fact sheet – contributions and tax relief, available on our website. The basic rate tax relief will only be added to your SIPP once HMRC pay the tax relief to us.

Please read the statements below and select the one that applies to you to confirm whether you are eligible for tax relief or whether any limits apply.

I have relevant UK earnings chargeable to income tax or general earnings from overseas crown employment subject to UK tax in this tax year (we will reclaim basic rate tax on personal contributions up to 100% of earnings or maximum personal allowance, whichever is the lower)

I have, or will have been a resident in the UK at some point during this tax year (we will reclaim basic rate tax on personal contributions up to 100% of earnings or maximum personal allowance, whichever is the lower)

My spouse/civil partner has general earnings from overseas crown employment subject to UK tax for this tax year (we will reclaim basic rate tax on personal contributions up to the gross of £3,600)

I, or my spouse/civil partner, are in overseas crown employment but for this tax year do not have relevant UK earnings subject to UK tax (we will not reclaim any tax relief on personal contributions)

None of the above (we will not reclaim any tax relief on personal contributions)

Employer Contributions

Single contribution (gross) £

Regular contribution (gross) £

Commencement date

Frequency of regular contribution Monthly

Quarterly

Annually

We will need to confirm the identity of your employer who is making contributions and we may require documentary evidence of their identity. We will contact you if further information is required.

Personal contributions/Self-employed contributions

Single contribution (net) £

Regular contribution (net) £

Commencement date

Frequency of regular contribution Monthly

Quarterly

Annually

5. Contributions (continued)

Third party contributions – Individual

Title	<input type="text"/>		
Surname	<input type="text"/>		
Forenames	<input type="text"/>		
Permanent residential address	<input type="text"/>		
Telephone	<input type="text"/>		
Single contribution (net)	<input type="text" value="£"/>		
Regular contribution (net)	<input type="text" value="£"/>	Commencement date	<input type="text"/>
Frequency of regular contribution	<input type="button" value="Monthly"/>	<input type="button" value="Quarterly"/>	<input type="button" value="Annually"/>

You will need to provide documentary evidence of the identity of the third party.

Third party contributions – company

Company name	<input type="text"/>		
Companies House number	<input type="text"/>		
Name of contact for company	<input type="text"/>		
Correspondence address	<input type="text"/>		
Telephone	<input type="text"/>		
Email	<input type="text"/>		
Single contribution (net)	<input type="text" value="£"/>		
Regular contribution (net)	<input type="text" value="£"/>	Commencement date	<input type="text"/>
Frequency of regular contribution	<input type="button" value="Monthly"/>	<input type="button" value="Quarterly"/>	<input type="button" value="Annually"/>

You will need to provide documentary evidence of the identity of the third party company.
Please note that we will only accept cash contributions.

Important Notes

- Where regular contributions are made by standing order, payments must be made from a UK bank or building society account in either your name for personal contributions, in your employer's name for employer's contributions or in the name of one of the third parties named above.
- Where contributions are received from a third party we will need to contact the third party for verification purposes, money laundering and data protection.

6. Transfers

Please copy or print this page if you have more than one transfer to complete

Name of transferring provider	<input type="text"/>		
Address of transferring provider	<input type="text"/>		
Name of transferring scheme	<input type="text"/>		
Policy/scheme number	<input type="text"/>		
Type of scheme	Occupational scheme	Personal pension scheme	
Type of transfer	Cash	In-specie transfer	

Occupational scheme only

Money Purchase/Defined Contribution scheme

Final Salary/Defined Benefit scheme

Advice

Have you taken advice on the transfer of this policy?

If YES, please provide details below

Name of financial adviser	<input type="text"/>
Name of adviser firm	<input type="text"/>
Address	<input type="text"/>
FCA authorisation number	<input type="text"/>

For any Final Salary/Defined Benefit occupational scheme transfer you are required to seek appropriate advice from a financial adviser who is regulated by the Financial Conduct Authority (FCA) and provide us with a copy of the transfer value analysis service (TVAS) report and the advice. If the recommendation in the TVAS report and advice isn't to transfer a Final Salary/Defined Benefit scheme, then, we'll not process the transfer request.

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.

Benefits

What is the estimated full value of the policy/scheme fund? £

If you are unsure please refer to the transferring scheme provider

Are you currently taking benefits from the policy?

If YES, are the scheme's assets already entirely or partially in drawdown?

Are you currently taking income?

If YES, enter amount and frequency £

6. Transfers (continued)

Discharge forms

Have you already requested discharge forms?

Yes

No

We will write to your existing provider/company to initiate the transfer of your policy(ies) and request discharge forms. However, if you already have discharge forms please complete, sign and submit with this application.

1. I authorise and instruct you to transfer sums and assets from the transferring scheme listed above directly to your SIPP and to provide any instructions and/or discharge required by any relevant third party to do so.
2. I authorise Options UK Personal Pensions LLP, the transferring scheme provider, named above, and any appointed financial adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to your SIPP.
3. I authorise Options UK Personal Pensions LLP, the transferring scheme provider and any employer paying contributions to any of the schemes as listed above to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to your SIPP.
4. Until this application is accepted and complete, Options UK Personal Pensions LLPs responsibility is limited to the return of the total payment(s) to the transferring scheme provider.
5. When payment is made to your SIPP as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the scheme listed above where the whole of the scheme is transferring, or that part of the scheme represented by the payment(s) if only part of the scheme is transferring.
6. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Options UK Personal Pensions LLP and the transferring scheme provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

Member Name

Member Signatures

Date

7. Investments

Your investment choices are the sole responsibility of you and/or your financial adviser and or investment manager. We or the trustee may refuse an investment for the reasons set out in section 11 of the SIPP terms and conditions. It is your responsibility for the ongoing review and monitoring of the investments that you have chosen. All investments can go down in value as well as up. We, nor the trustee are responsible for any choices, decisions or monitoring of the investments.

Have you appointed an investment manager?

Yes

No

Is your investment manager also your financial adviser?

Yes

No

If your investment manager is not your financial adviser do you wish us and them to accept instructions from your financial adviser on any investment matter?

Yes

No

Name of investment manager
(if not your financial adviser)

Address

Telephone

Email

FCA authorisation number

Type of investment authorisation

EXECUTION ONLY

Investment manager trades on your/your financial adviser instructions only

ADVISORY

Investment manager provides advice upon which you/your financial adviser may act

DISCRETIONARY

Investment manager manages your pension funds and reports on investments made

Investment Choice(s)

Name of investment provider/account	Amount to be invested £	%

Property

Do you intend purchasing a commercial property within your SIPP?

Yes

No

(If YES, we will issue you with our property documentation and application.)

8. FCA regulated professional financial adviser agreement

This section must be completed in order to appoint your financial adviser to your SIPP.

Name of financial adviser	<input type="text"/>		
Company	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Email	<input type="text"/>		
FCA authorisation number	<input type="text"/>		
Bank account name	<input type="text"/>		
Account number	<input type="text"/>	Sort code	<input type="text"/> <input type="text"/> <input type="text"/>
Is your financial adviser or their firm part of a network?		<input type="button" value="Yes"/>	<input type="button" value="No"/>

If YES, please provide details

Network name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Email	<input type="text"/>		
FCA authorisation number	<input type="text"/>		
Bank account name	<input type="text"/>		
Account number	<input type="text"/>	Sort code	<input type="text"/> <input type="text"/> <input type="text"/>

Do you wish us to accept instructions from your financial adviser on any investment or pension related matter?

8. FCA regulated professional financial adviser agreement (continued)

Correspondence

Please tick one option

All correspondence direct to you with copies to your financial adviser

All correspondence to you only

Financial adviser fees

If the financial adviser firm is connected to a network, any fees will be paid direct to the network unless or until we are advised in writing that they should be paid direct to your financial adviser.

Would you like us to pay your financial adviser's charges directly from the SIPP?

Yes

No

If YES, please state

The amount of the initial fee

£

%

(of the initial contribution or transfer in. Only paid on receipt of all transfers in)

The amount of ongoing/renewal fee

£

%

(of your individual fund/or contribution amounts received)

Payment of Fees

Fees will be paid from the SIPP bank account where it holds sufficient funds. Renewal fees will be paid on the completion of the Annual Valuation. On-going fees will only be paid upon receipt of an invoice for payment.

It is your financial adviser's responsibility to ensure that there are sufficient cash funds available to make any payment of fees.

If there are insufficient funds in the SIPP bank account, Options UK Personal Pensions LLP will meet any shortfall using the process set out in section 17 of the terms and conditions of the SIPP.

By signing this application both you and your financial adviser agree that Options UK Personal Pensions LLP will pay fees to your financial adviser/network as instructed on this application without further recourse to you, the Member, unless and until you advise otherwise in writing. VAT registered financial advisers will need to provide a VAT Invoice for payment of fees. Your financial adviser will be required to gain and provide the signed agreement of you and advise us of any changes to their charging structure.

Signed by member

Signed by financial adviser

Date

9. Verification of identity certificate

To be completed by an FCA regulated financial adviser.

This certificate must be completed and signed by an officer of the regulated introducer firm, who is authorised to confirm the accuracy and effectiveness of the firm's customer identification verification records, to which this certificate relates. We can't accept photocopies of completed certificates.

Client details

Title	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Permanent residential address	<input type="text"/>
Date of birth	<input type="text"/>
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous address if client moved within last 3 years	
Permanent residential address	<input type="text"/>

I/we certify that (please tick):

- A. The information above was obtained by me/us in relation to the client
- B. The identity and address has been verified from original documentation we have seen and we agree to provide certified copies to you upon request
- C. We confirm that evidence of the source of funds and source of wealth from which contributions will be paid has been obtained by us from our clients
- D. The evidence we have obtained meets the standards required under the new Anti-money Laundering Regulations 2017

Full name of regulated firm	<input type="text"/>		
Name	<input type="text"/>		
Position	<input type="text"/>		
FCA registration number	<input type="text"/>		
Signed by FCA regulated adviser	<input type="text"/>	Date	<input type="text"/>

10. Expression of Wishes

Please complete this form to tell us who you wish to receive benefits from your pension scheme if you die. You can continue on another copy of this form and attach it to this one if you wish to name more than three people as your "beneficiaries". The total as a percentage across the people you have named should add up to 100%.

By filling in this expression of wishes you can let the trustee know to whom you would like benefits to be paid and how the benefits are paid. The trustee will not be bound by your expression of wishes but will take it into account your wishes when exercising their discretion. This expression of wishes can be changed at any time and it is important that you keep this up to date with any new information and by sending new written signed instructions to us.

Members name

Beneficiary / Nominee (delete as applicable)

Name

Address

Relationship to you

Date of birth

Amount or percentage of fund

 £

 %

Beneficiary / Nominee (delete as applicable)

Name

Address

Relationship to you

Date of birth

Amount or percentage of fund

 £

 %

Beneficiary / Nominee (delete as applicable)

Name

Address

Relationship to you

Date of birth

Amount or percentage of fund

 £

 %

Signed by Member

Date

IMPORTANT NOTE: A beneficiary may take either a death benefit lump sum or (in most cases) opt instead to leave the funds in a pension to draw on in the future. Any payment is taxed depending on your age when you die. If you are under 75 years old, benefits are normally paid tax free and if you are 75 years old or over when you die, tax will be charged at your beneficiary's individual marginal rate of income tax on anything they draw or are paid. This is subject to the benefits being paid out within 2 years of the date we are notified of the death.

11. Cancellation rights

You have a legal right to cancel your SIPP application within a 30 day period from the date of the letter confirming receipt of your SIPP application form, however, you are permitted to waive this legal right if you so wish.

Please tick ONE of the following to confirm your instruction

I wish to waive my right to cancel my SIPP within 30 days of establishment.

I understand this means that I will not be able to cancel my SIPP at a later date. The SIPP will be established upon receipt of all required documents and transfers will be requested. Contributions can commence and funds will be invested as per the instruction received.

OR

I wish to retain my cancellation right to cancel my SIPP within 30 days.

The cancellation period will commence from the date we confirm receipt of your SIPP application and provide you with the terms & conditions, key features documents and schedule of fees. Within this period no transfers will be requested, no contributions can be received and subsequently no investment or benefits will be actioned.

The cancellation period for the SIPP can be cancelled at any time by providing written instruction to Options UK Personal Pensions LLP.

You must tick one box only and by signing the declaration on page 15 and 16 of this application you are instructing Options UK Personal Pensions LLP to proceed on the basis of your instruction as noted above.

Cancellation rights in respect of transfers in cannot be waived. The 30 day cancellation period commences from the date the Cancellation Rights Notice is issued. Transfers are requested and the transfer can be cancelled at anytime within the 30 day period. Upon receipt of funds we will act upon any investment instruction received. Please note, if at any point there is an instruction to cancel the transfer and funds have been invested as per your instruction we accept no liability for any financial cost or loss of value attributable to the disinvestment. If the transferring scheme are unable to return the funds you will need to appoint another UK registered pension scheme to receive the funds.

12. Data protection

- All the information you provide to us, or a third party provides to us, in connection with your SIPP will be held by Options UK Personal Pensions LLP 'the administrator' and MK SIPP Trustees UK Ltd 'the trustee' as Data Controllers under the General Data Protection Regulation (GDPR) (EU) 2016/679 ("GDPR") which is a regulation in EU law on data protection and privacy for all individuals within the European Union and European Economic Area.
- Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd will only use the information you have provided for the establishment and processing of your SIPP, for underwriting and actuarial calculation purposes, and for administration purposes only.
- Options UK Personal Pensions LLP are authorised under data protection legislation to maintain, process and store your personal data. We comply with all relevant data protection legislation at all times and are committed to the safeguarding of your data in line with the GDPR.
- Our lawful basis for processing data to administer the pension scheme is:
 - **Contract:** the processing is necessary to fulfil or prepare a contract for an individual
 - **Legal obligation:** the processing is necessary to comply within the law (not including contractual obligations)
- Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd may obtain from or pass to, the trustees, administrators, investment houses, your nominated financial advisers or insurers of any pension schemes of which you are a member, any information where it is necessary for the proper performance of our obligations under the plan to take place. We may also disclose information where required to do so by law, to legal and regulatory bodies and law enforcement agencies.
- Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd may disclose your personal information to third parties:
 - in the event that they sell or buy any business or assets, including the pension book, in which case they may disclose your personal data to the prospective seller or buyer of such business or assets;
 - if Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd or substantially all of their assets are acquired by a third party, in which case personal data held by them about their customers will be one of the transferred assets; or
 - If Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd are under a duty to disclose or share your personal data in order to comply with any legal obligation, or in order to enforce or apply the terms & conditions of our SIPP. This includes exchanging information with other companies and organisations for the purposes of fraud protection and credit risk reduction.

12. Data protection (continued)

- If you provide Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd with information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data including sensitive personal data and that you have informed them of Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd contact details and the purposes (as set out above) for which their personal data will be processed and the disclosures that will be made to the parties listed above.
- If you supply false or inaccurate information it is a serious offence and could terminate your pension plan and may lead to prosecution.
- If any of your information changes you should inform Options UK Personal Pensions LLP as soon as possible at 2nd Floor, Fitzalan House, Fitzalan Court, Fitzalan Place, Cardiff CF24 0E.
- You have rights around the processing of your data which include but are not limited to: the right to be informed; the right of access; the right of rectification; the right to restrict processing. For further information you can contact the Information Commissioners office, you can also refer to our terms and conditions.
- You have a legal right to access any information that we hold on record about you. We will require this request in writing. If the request is made by a third party on your behalf we will require a signed letter of authority from you to support this request. If you would like to make such a request please contact the Compliance Department. Options UK Personal Pensions LLP will hold your data indefinitely and have implemented safeguarding measures for your data in the event of you taking full benefits or transferring to another scheme. For further information on this please request a copy of our Data Retention Policy.

By signing this application you are:

- consenting to the information provided on this form and/or in the supporting documentation being disclosed to the parties listed above and used for the purposes set out on this form.
- consenting to any personal or special category data provided on this form or in any supporting documentation being disclosed to the parties listed above only if necessary and for the purposes set out in this form.

13. Declaration

- I hereby apply for membership of the SIPP that is being established under your SIPP;
- I acknowledge and accept your SIPP terms & conditions and schedule of fees and agree to be bound by the scheme rules of your SIPP;
- I confirm I have had the opportunity to read the key features document, terms and conditions and all aspects of the application and acknowledge I have had the opportunity to ask any questions to confirm my understanding;
- I consent to Options UK Personal Pensions LLP, obtaining, processing and storing my personal data and where necessary special category data to administer my pension scheme;
- I confirm that all details and declarations provided are correct and complete to the best of my knowledge and belief;
- I agree and consent to Options UK Personal Pensions LLP carrying out checks to verify my identity, residence and source of wealth and I agree to supply any further information required to complete these checks;
- I agree to a scheme bank account being established and agree that all monies will be routed through this account;
- I give my authority to accept correspondence by email from Options UK Personal Pensions LLP and for MK SIPP Trustees UK Ltd to accept instructions by email from myself and/or financial adviser/investment manager from the email addresses detailed in the application and email addresses associated with the financial adviser/investment manager;
- I agree to notify Options UK Personal Pensions LLP of any change to my personal details or circumstances;
- I hereby consent to Options UK Personal Pensions LLP requesting the transfer of my policies listed in the application;
- I hereby consent to Options UK Personal Pensions LLP obtaining details from any pension scheme, arrangement or contract of which I have been a member and authorise the giving of any such information to Options UK Personal Pensions LLP;
- I confirm that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of (i) the basic amount (currently £3,600) or (ii) 100% of my relevant UK earnings (within the meaning of section 189 of the Finance Act 2004) for that tax year;
- I will notify Options UK Personal Pensions LLP if an event occurs, as a result of which I will no longer be entitled to tax relief on my contributions, by the later of (i) the next 5th April or (ii) 30 days after the event occurs;
- I also confirm that, if I intend making contributions that are not to benefit from tax relief (for example 'excess' contributions), I will inform Options UK Personal Pensions LLP in writing;

13. Declaration (continued)

- I understand that by signing this application form I am declaring that I am aware of my annual allowance (including any carry forward) and request that the scheme administrator reclaims tax on my contributions unless I instruct otherwise;
- I understand that it is my or my appointed FCA regulated financial adviser's or investment manager's responsibility to monitor and manage the investments within my SIPP and provide instructions to make any transactions;
- I confirm that I wish for Options UK Personal Pensions LLP to appoint the financial adviser/investment manager as detailed in the application;
- I understand that Options UK Personal Pensions LLP and MK SIPP Trustees UK Ltd are not in any way able to provide me with any advice;
- I confirm that I have not received any advice from Options UK Personal Pensions LLP or MK SIPP Trustees UK Ltd in relation to the transfers I have requested from my other pension schemes to your SIPP or the investments I have instructed Options UK Personal Pensions LLP to make;
- I confirm I understand the value of my SIPP can go down as well as up depending on the performance of the investments chosen.

Member Name

Signed

Date

Additional Support

If you have any further information you would like to provide us with or if there is any additional support you require from us please let us know in the box below.



Pathlines Pensions UK Limited, trading as Pathlines, is registered in England & Wales, Company No. 02966313 and is authorised and regulated by the Financial Conduct Authority (FRN 463876). Options UK Personal Pensions LLP is registered in England and Wales, Company No. OC345142 and is authorised and regulated by the Financial Conduct Authority (FRN 501747). Our registered office is at 1st Floor Lakeside House, Shirwell Crescent, Furzton, Milton Keynes, Buckinghamshire, MK4 1GA. The content is for general information only and does not constitute investment, tax, legal, medical or other form of advice. You should not rely on this information to make (or refrain from making) any decisions. Always obtain independent, professional advice for your own particular situation.

FOR MORE INFORMATION PLEASE CONTACT
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