

Your Simple SIPP Application Form

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, 1st Floor, Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes MK41GA

To request a copy of this application form in braille, large print or audio you can request this by calling us on 0330 124 1505, by email at ukservice@optionspensions.com or writing to us 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	Yes	No
confirm my understanding.		
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



I. Personal Details									
Title									
Surname									
Forename(s)									
Permanent residential address									
Telephone									
Email									
Email is our preferred method of communication, if you would prefer we communicate with you (where possible)									
by phone by email									
Date of birth									
National Insurance Number									
Status (please tick)	Single	Married/Civil partnership	Partnered	Other					
Gender (please tick)	Female	Non-binary							
Nationality									
Is English your first language?	Yes	No							
If no please state									
Source of Wealth and Funds – mus	st be com	pleted for all applic	ations						
(Evidence may be required)									
Please tick the boxes that best describe the		our personal wealth.	Diverse						
Income from empl		Divorce settlement							
Income from savings / inves		Inc	ome from a lifetim	e annuity					
Pensions income from registered pension	scheme			Gift					
Inhe	eritance	Lottery or other gambling winnings							
Sale of a p	roperty	Other, please specif	у						
Please tick one or more of the following th	nat you inter	nd to use to fund your SI	PP						
Transfer from a registered pension	scheme		Personal con	tributions					
Contributions from er	nployer	Con	tributions from a tl	hird party					
Pension sharin	g order	Please state their	name and relations	ship to you					
Other, please specify									



2. Occupation & eligibility				
Occupation				
Job title				
Approximate annual earnings	£			
Occupational status	Employed	Self-employed	Unemployed	Pensioner
		Full-time education	Caring for under 16s	Caring for person 16 or over
	Other			
If employed please provide employer deta	ails below:			
Company name				
Companies House number				
Correspondence address				
Name of company contact				
Telephone				
Email				
3. Pension protection				
If you have applied to protect your lifetim you a confirmation of your personal lifetin your protection certificate or details of yo	ne allowand	ce. If this applies pl	ease provide us v	vith a certified copy of
Do you have any pension protections?	Yes	No		
4. Taking benefits (Retiren	nent)			
Please let us know in the box below, an age This does not affect your rights to begin assume you will start taking benefits at ag	e from 55*, ot taking bene			
Selected retirement age		Selected	l retirement date	:

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

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



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 generally paid net of basic rate tax. This means that the amount of contributions paid in to your SIPP will be increased by the amount of basic rate tax we reclaim from HMRC on your behalf. We will reclaim the basic rate tax from HMRC on contributions made by you or on your behalf unless instructed otherwise, providing we have confirmation you are a relevant UK individual who is under 75 years old and have details of your earnings. Tax can only be reclaimed up to relevant UK earnings or £3,600 gross (£2,880 net) if no earnings. If you tax above the basic rate you can reclaim the extra tax through your self assessment tax return or contact HMRC. 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)	£		Comr	mencer	ment date	
Frequency of regular cont	ribution	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)	£		Comr	mencer	nent date [
Frequency of regular contribution	Monthly		Quarterly		Annually	



5. Contributions (continued)

Third party contributions - Individual

Title						
Surname						
Forenames						
Permanent residential address						
Telephone						
Single contribution (net)	£					
Regular contribution (net)	£	Comr	mencen	nent date		
Frequency of regular contribution	Monthly	Quarterly		Annually		

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

Third party contributions - company

Company name					
Companies House number					
Name of contact for company					
Correspondence address					
Telephone					
Email					
Single contribution (net)	£				
Regular contribution (net)	£	Comr	mencement o	date	
Frequency of regular contribution	Monthly	Quarterly	Annu	ally	

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 purposes.



6. Transfers Please copy or print this page if you have more than one transfer to complete Name of transferring provider Address of transferring provider Name of transferring scheme Policy/scheme number Email for transferring provider 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? Yes No If YES, please provide details below Name of financial adviser Name of adviser firm Address FCA authorisation number 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? Yes No If YES, are the scheme's assets already entirely or partially in Full Partial drawdown? Are you currently taking income? No Yes

If YES, enter amount and frequency £

Monthly

Half yearly

Quarterly

Annually



6. Transfers (continued)

Discharge forms

Have you already requested discharge forms? Yes N	Have you	already	requested	discharge f	orms?	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 and nor the trustee are responsible for any choices, decisions or monitoring of the investments.

На	ve you appointed an investme	ent manager?	Yes	No
Is your invest	ment manager also your fina	ncial adviser?	Yes	No
If your investment manager is not your fi accept instructions from your f			Yes	No
Name of investment manager (if not your financial adviser)				
Address				
Telephone				
Email				
FCA authorisation number				
Type of investment authorisation				
EXECUTION ONLY Investment r	manager trades on your/your	financial advise	er instructions	s only
ADVISORY Investment manager	provides advice upon which yo	ou/your financi	al adviser ma	ay act
DISCRETIONARY Investment manager	manages your pension funds o	and reports on	investments	made
Investment Choice(s)				
Name of investm	nent	Amount to be	invested £	%
		<u> </u>		<u>I</u>
Amount of investment				
How much of your fund is to be invested	with/by this manager £			%
(This excludes the minimum held on the SIF minimum of 5 years fees to be held in liquid		ed investments	, we require a	
Do you wish all future contributions and trans	sfers to be invested with this inves	tment manager	? Yes	No



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							
Company							
Address							
Telephone							
Email							
FCA authorisation number							
Bank account name							
Account number	Sort code						
ls you	or financial adviser or their firm part of a network?						
f YES, please provide details							
Network name							
Address							
Telephone							
Email							
FCA authorisation number							
Bank account name							
Account number	Sort code						
Do you wish us to accept instructions from your financial adviser on any investment or pension related matter?							

Correspondence

Please tick one option

All correspondence direct to you with copies to your financial adviser

All correspondence to you only



8. FCA regulated professional financial adviser agreement (continued)

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.

we are advised in writing that they should	d be paid direct to yo	ur financio	al adviser.		
Would you like us to pay you	r financial adviser's cho	irges direc	tly from the SIPP?	Yes	No
If YES, please state					
The amount of the initial fee	£		%		
(of the initial contribution or transfer in. C	only paid on receipt o	f all transf	ers in)		
The amount of ongoing/renewal fee	£		%		
(of your individual fund/or contribution of	mounts received)				
Payment of Fees					
Fees will be paid from the SIPP bank accompletion of the Annual Valuation. On-g					•
It is your financial adviser's responsibility payment of fees.	to ensure that there	are suffic	ient cash funds c	available t	o make any
If there are insufficient funds in the SIPP b using the process set out in section 17 of				will meet c	ıny shortfall
By signing this application both you and y pay fees to your financial adviser/networ Member, unless and until you advise othe VAT Invoice for payment of fees. Your final of you and advise us of any changes to t	k as instructed on this rwise in writing. VAT re ncial adviser will be re	s applicati egistered f quired to g	on without furthe inancial advisers	er recourse will need	e to you, the to provide a
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.

<i>r</i>	lie	nt	\sim	\triangle t	\sim	ıc
V . I						1.5

Title	
Surname	
Forename(s)	
Permanent residential address	
Date of birth	
Gender (please tick)	Male Female Non-binary
Previous address if client moved	d within last 3 years
Permanent residential address	
I/we certify that (please tick):	
A. Th	he 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	e 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 n	meets the standards required under the new Anti-money Laundering Regulations 2017
Full name of regulated firm	
Name	
Position	
FCA registration number	
_	
Signed by ECA regulated adviser	Date

Please be aware that we may use our online identity verifications systems which may leave a record on your credit history.



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 a	applicable)				
Name					
Address					
Relationship to you					
Date of birth					
Amount or percentage of fund	£ %				
Beneficiary / Nominee (delete as a	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 1st Floor, Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes MK4 1GA.
- 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 fax and email from Options UK Personal Pensions LLP and for MK SIPP Trustees UK Ltd to accept instructions by facsimile and 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;



13. Declaration (continued)

- 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;
- 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 Supp	ort
If you have any further in require from us please let	ormation you would like to provide us with or if there us any additional support you 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, Miltion 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

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 ukservice@optionspensions.com