

### Premier SIPP Beneficiaries Information Form

As the SIPP trustee we are responsible for determining who is entitled to receive benefits and for arranging their payment. In order to do this we need to obtain details of personal circumstances. Please complete this form in **BLOCK CAPITALS** as fully as possible, sign and return to Options UK Personal Pensions LLP, 2nd Floor, Fitzalan House, Fitzalan Court, Fitzalan Place, Cardiff, CF24 0EL.

As the SIPP is a discretionary trust it is our understanding that it falls outside of the estate for inheritance tax purposes.

The information provided on this form will only be used to help the trustee determine who is eligible for any death benefit arising under the scheme. Wherever possible, you should take steps to inform those named on this form that you are disclosing their details, obtain their consent to do so and identify to them that you are sharing their information with Options UK Personal Pensions LLP.

You can find out more information about when, why and how we collect and use personal data by referring to our Privacy Notice available here https://www.optionspensions.co.uk/privacy.

In completing this form we ask you to provide information about the relationship to the member of those listed on the form. In doing so you may reveal information relating to your sex life or sexual orientation (sensitive information) and that of the people named on this form. Data protection regulation requires that the trustee obtains explicit consent from those people whose sensitive information has been shared with the trustee before they can use that information. The people listed have the right to withdraw their consent at any time. Please contact us if anyone named on this form wishes to withdraw their consent.

# 1. Member Information

Member Name:						
Scheme Reference Number:						
Date of Death:	Day Month	Year				
Original Death/Coroner's Ce	rtificate:	Attached		Already Sent	To Follow	
Did the member leav	e a Will?	Yes <sup>1</sup>	No			

<sup>1</sup> Please enclose a copy of the Will with this form.

# 2. Details of Spouse/Partner/Civil Partner

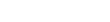
Did the member ha Spouse/Partner/Civil Part	 Yes	No			
Full Name:					
Contact Address:					
Marriage/Civil Partner Certific	Attached		Already Sent	To Follow	
If Partner, specify the length of relationship:					

<sup>2</sup> If you do not wish to send the original document to us we will accept a good quality photocopy certified as a true copy of the original



### Premier SIPP Beneficiaries Information Form

3. Details	of Children	
Did the member have	ve any children? Yes No	
Num	ber of Children:	
	the following section for each child of the deceased member. By the form as appropriate	
3.1 Child 1		
Full Name:		
Date of Birth:	Day Month Year	
Contact Address:		
Full time Education?	Yes No	
Marital Status?	Married Civil Partnership Single	
3.2 Child 2		
Full Name:		
Date of Birth:	Day Month Year	
Contact Address:		
Full time Education?	Yes No	
Marital Status?	Married Civil Partnership Single	
3.3 Child 3		
Full Name:		
Date of Birth:	Day Month Year	
Contact Address:		
Full time Education?	Yes No	
Marital Status?	Married Civil Partnership Single	
3.4 Child 4		
Full Name:		
Date of Birth:	Day Month Year	
Contact Address:		
Full time Education?	Yes No	
Marital Status?	Married Civil Partnership Single	
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# 4. Details of Other Financial Dependants

Please complete the following section for each financially dependent person. Please photocopy the form as appropriate

#### 4.1 Financial Dependant 1

Full Name:	
Contact Address:	
Date of Birth:	Day Month Year
Full details of relationship:	

#### 4.2 Financial Dependant 2

Full Name:	
Contact Address:	
Date of Birth:	Doy Month Year
Full details of relationship:	

# 5. Details of Immediated Family

Did the member have any other immediate family?

Yes

No

Please complete the following section for each Family Member. Please photocopy the form as appropriate

### 5.1 Family Member 1

Full Name:	
Contact Address:	
Date of Birth:	Doy Month Yeor
Full details of relationship:	

### 5.2 Family Member 2

Full Name:	
Contact Address:	
Date of Birth:	Day Month Year
Full details of relationship:	



# 6. Executor/Administrator of the Member's Estate

Full Name(s):	
Company Name: (If Applicable)	
Contact Address:	
Contact Telephone Number:	

# 7. Further Details

Any further details which may assist the Trustee in making their decision:

# 8. Declaration

I confirm to the best of my knowledge and belief the information contained in this form is in all respects true, accurate and complete.

Name:	
Signed:	Date: Day Month Year
Relationship to member:	



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Cardiff, CF24 0EL

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