

Premier SSAS Beneficiary Option Form

Part 1 - Your Benefit Options

The Trustee(s) have determined that you are a beneficiary entitled to receive benefits. In order for us arrange payment in accordance with your wishes please complete this form in **BLOCK CAPITALS** as fully as possible. Any missing information will result in a delay in the payment of your benefit. Please note that all payments including the method will be at the discretion of the Trustee(s).

Options SSAS Limited ('Options UK') will organise the payment of death benefits from the pension fund on the basis of the information provided on this form. Please note this form **ONLY** refers to the entitlement you have received from death benefits under the SSAS, any funds that you have built up in your own right remain separate to these death benefits.

Before you make your benefit choices we must know if you have received guidance from the Government's free and impartial service and/or financial advice relating to your chosen options.

Have you taken Pension Wise guidance?

Yes

I intend to

I do not intend to

If you have taken guidance please confirm from what source:

Have you taken Financial Advice?

Yes

I intend to take Advice

I do not intend to take Advice

If you have taken regulated financial advice, please confirm the name, firm and FCA registration number of your financial adviser.

I have taken advice from my financial adviser and this advice is reflected within this form.

Please note, when taking your benefits you should always take appropriate financial advice.

Death Benefit Choices

The following options are available to you as a beneficiary of the SSAS, all of which will be subject to Trustee(s) approval:

1. you could request to receive a death lump sum payment, where the whole or part of your entitlement is paid to you in one payment;
2. you could request to receive a nominee's or dependant's flexi-access drawdown; or
3. a combination of the above options.

Should you wish to receive nominee's flexi-access drawdown, you can either transfer your entitlement to another scheme that is willing to accept the transfer or you can receive the benefits under the existing SSAS (subject to Trustee(s) approval).

Please tick all that apply

I would like my entitlement to be paid as a lump sum payment. *(If you opt for this benefit, please complete parts 2 & 3)*

I would like to receive an income under the flexi-access drawdown rules. *(If you opt for this benefit, please complete parts 2, 4 and 5)*

Part 2 - Your Information

The information supplied will be held in the strictest confidence and will be subject to the provisions of Data Protection Legislation.

SSAS Details

Name of Scheme:

Your Personal Details

Title: (Mr, Mrs, Miss, Other)

Forename(s):
(in full)

Surname:

Address:

Daytime telephone number (Inc STD):

Email:

Postcode:

Sex: Male Female

Date of Birth: Day Month Year

National Insurance Number:

The NI number must be completed before the application can be processed.

Client Verification Information

We are obliged by the anti-money laundering regulations to verify the identity of our clients and to ensure that the information we hold is up-to-date. Our default approach is to use electronic identity verification checks. These checks will be made prior to the provision of any service as well as from time to time throughout our relationship. We will proceed on the basis that you are happy for us to carry out these checks unless you confirm otherwise, by ticking the box.

This electronic check creates a "soft" footprint that will not be visible to any other party on your credit records; neither will it affect your credit rating.

If you tick the box, or fail to pass electronic checks, in order to support your payment of benefits we will require at least two separate documents to confirm identity, address and date of birth. Please provide a certified true copy of either a passport or photo card driving license and a utility bill (not mobile phone) dated within the last 3 months. Other options of evidence are available if you should not have these documents; please contact us directly for further information.

Bank Account Details for Receipt of Benefit Payments

Bank/Building Society:

Account Name:

Must be in the name of the pension scheme beneficiary.

Account Number:

Sort Code:

Bank/Building Society Address:

Postcode:

Please note if you wish your payment to go to an overseas bank account please contact us.

In all cases payment will be made through our Payroll in order that we may comply with HMRC's reporting requirements.

Part 2 - Your Information (Continued)

Taxing your Payment

In some instances it may be applicable for your income or lump sum payment to be taxed through Pay As You Earn (PAYE). In most circumstances your initial payment will be taxed using the emergency tax code.

You may alternatively supply us with your P45 for the current tax year. We shall use the code stated on the P45 ignoring any previous pay you have received and any tax you have paid; known as a Month 1 basis.

If you do supply a P45, please tick the applicable statement below:

I have no other existing PAYE/Pension income or I am only in receipt of State Retirement Pension.

I have one or more existing employments and/or multiple pensions.

By completing the statement above you are confirming that you have not previously informed any other employer or pension scheme of these tax details.

PART 3 – DEATH LUMP SUM

I wish to receive all of my entitlement as one lump sum payment:

Yes

No

IMPORTANT: Where you receive all of your entitlement as one lump sum no further benefits will be payable to you.

If no, please specify the total amount of fund you wish to take as a one off payment

£

If applicable, the payment will be taxed at your marginal rate and will be made on the next available payment date.

I request the Trustee(s) to pay the death lump sum confirmed above.

I acknowledge that in the case of my full death benefits entitlement being used for the death lump sum payment, the Trustees are discharged from any obligation to provide me, my dependant's with any further entitlement under the Scheme. The amount that is paid represents the full discharge of any liability of Options UK and the Trustee company.

In the case that my death benefit entitlement under the SSAS is not exhausted, with immediate effect, I nominate to put any remaining non-drawdown funds which form part of my death benefit entitlement into nominee's flexi-access drawdown.

I agree that any fees incurred in relation to the arranging of death benefits may be withdrawn from my entitlement under the SSAS prior to the transaction.

I understand that the executors of the deceased member's estate will be notified of this payment so they can carry out their responsibility to calculate the lifetime allowance used by this payment.

I declare the information given in this form is true and complete. If I become aware of any changes in the information before the benefits have been paid, I will inform the trustees and Options UK, in writing, of the changes.

Beneficiaries Full Name:

Beneficiaries Signature:

Date:

Day	Month	Year
-----	-------	------

IMPORTANT: If you have funds left within the SSAS after this transaction, please complete Parts 4 onwards

PART 4 – Flexi-Access Drawdown

Plan Details

Intended date for receipt of nominee's flexi-access drawdown:

Nominees Flexi-Access Drawdown facility required immediately?

Nominees Flexi-Access Drawdown

I wish to utilise the full fund

If you wish to put into nominees flexi-access drawdown, all of your funds under the Scheme, including any non-drawdown funds, please tick yes here and state your income requirements in the box below.

If no, please specify the total amount of fund you wish to use? £

What level of gross pension income do you want to receive each year? £

How often do you want to be paid your pension?

Please confirm your preferred first pension payment date.

Pension payments are only made on either the 1st or 25th of the month. Please allow for a minimum of 14 days for set up, from receipt of sufficient funds for the payment of your benefits.

If applicable, the payment will be taxed at your marginal rate and will be made on the next available payment date.

If you have any specific requirements please indicate these in the box below.

IMPORTANT: Where you receive all of your entitlement as income, no further benefits will be payable to you.

Benefit Questions

If your entitlement is less than £10,000, you do not need to complete this section, otherwise please answer all the questions. We will be unable to pay any income until these questions are completed in full.

Do you understand how your benefits will be taxed?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is it important that the income from your pension continues for life and does not reduce over time?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Will you rely on your pension income to cover everyday living expenses?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Are you taking money out of your pension scheme to re-invest elsewhere?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Are you struggling to repay any debts?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Do you have a financial adviser?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Are you receiving any state benefits that could be affected by savings you hold outside of your pension?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Are you aware of other providers retirement products? For example if buying an annuity or taking drawdown you may have obtained quotes from a range of providers.	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Will drawing benefits change your attitude or approach to investment risk?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Do you understand your current investment risk exposure?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Do you consider any of your investments to be difficult to sell, an example would be if you held commercial property or unlisted shares?	<input type="button" value="Yes"/>	<input type="button" value="No"/>

PART 4 – Flexi-Access Drawdown (Continued)

Beneficiary Declaration

I request the trustee(s) to pay the nominee's flexi-access drawdown stated above.

If my full death benefit entitlement is exhausted by taking the whole fund as nominee's flexi-access drawdown, I acknowledge the Trustee(s) are fully discharged from any future obligation in respect of this payment.

In the case that my death benefit entitlement under the SSAS is not exhausted, with immediate effect, I nominate to put any remaining non-drawdown funds which form part of my death benefit entitlement into nominee's flexi-access drawdown.

I agree that any fees incurred in relation to the arranging of death benefits may be withdrawn from my entitlement under the SSAS prior to the transaction.

I declare the information given in this form is true and complete. If I become aware of any changes in the information before the benefits have been paid, I will inform Options UK, in writing, of the changes.

Beneficiaries Full Name:

Beneficiaries Signature:

Date:

Day

Month

Year

Data Protection

We know how important privacy is to you. So we have created a Privacy Notice to provide you with a clear explanation of when, why and how we collect and use your personal data. A version of this notice can be obtained on the Options website at <https://www.optionspensions.co.uk/privacy>

Part 5 – Expression of Wish

This form should be completed if you wish to provide details of who you would like to receive any lump sum or pension death benefit from your entitlement in the SSAS on your death.

Please refer to the Premier SSAS Key Features document if you would like more information on the payment of death benefits to your beneficiaries. Please note that the funds held in the SSAS in respect of nominee's flexi-access drawdown may be passed on to your successors.

Expression of Wish - Death Benefits

This Expression of Wish does not bind the Trustee(s) or Scheme Administrator of the SSAS, but will help them to pay out benefits in line with your wishes. Your Expression of Wish can be changed in writing at any time.

Beneficiary Details

Please provide details of any individual to whom you would like the proceeds of your entitlement in the SSAS to be paid in the event of your death and sign and date the declaration on page 8.

Person 1

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth:

Relationship:

Percentages of death benefits: %

Person 2

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth:

Relationship:

Percentages of death benefits: %

Person 3

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth:

Relationship:

Percentages of death benefits:

Person 4

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth:

Relationship:

Percentages of death benefits: %

Part 5 – Expression of Wish (Continued)

Trust Details

Please provide details of any Trust to which you would like the proceeds of your entitlement in the SSAS to be paid in the event of your death. We require a certified true copy of the trust detailed below and would be grateful if this is attached to this form when it is returned.

Name of Trust:

Trustee Name:

Trustee Name:

Trustee Name:

Trustee Name:

Date Trust Established: Day Month Year

Address for Trust:

Percentage of death benefits: %

IMPORTANT: We are not Trust experts and cannot be held responsible for ensuring a Trust fulfils the purposes for which it was intended. If in doubt you should obtain specific legal/trust advice.

Charity Details

If you wish to leave some or all of your entitlement in the SSAS funds to a charity please provide the details below. The charity must be a UK registered charity.

Charity 1

Charity Name:

Full Address:

Postcode:

Registered charity number:

Percentages of death benefits:

Charity 2

Charity Name:

Full Address:

Postcode:

Registered charity number:

Percentages of death benefits: %

Declaration

I hereby nominate the person or persons detailed on this form to receive benefits in the event of my death.

I accept Options UK will assume that where I have disclosed information about another person I have:

- Obtained their consent to disclose such information, and
- Informed them of the purposes for which their information will be processed

Beneficiary Name:

Signed:

Date: Day Month Year

Checklist

Have you completed and enclosed everything we need?

Fully completed form, including the signed declaration

Identification evidence - Only required if you opt out of the electronic check

Sufficient liquidity or disinvestment instruction

Existing tax details - P45

Declaration - Signed and dated

A contact telephone number must be completed in Part 2 in order that we may contact you to complete our verification checks

Next Steps

Please return this form with client verification information to:

Options SSAS Limited

2nd Floor,
Fitzalan House,
Fitzalan Court,
Fitzalan Place,
Cardiff,
CF24 0EL



PART OF



GROUP PLC

Options UK Personal Pensions LLP, company no. OC345142, Options Corporate Pensions UK Limited, company no. 09358998, Options EBC Limited, company no 12484808 and Options SSAS Limited, company number 01230550. Options UK Personal Pensions LLP is authorised and regulated by the Financial Conduct Authority, FRN 501747. Options Corporate Pensions UK Ltd is regulated by The Pensions Regulator. All Options UK companies are registered in England and Wales: 1st Floor Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes, Buckinghamshire, MK4 1GA.

FOR MORE INFORMATION PLEASE CONTACT

[OPTIONS SSAS LIMITED](#)

2nd Floor, Fitzalan House,
Fitzalan Court,
Fitzalan Place,
Cardiff, CF24 0EL

optionspensions.co.uk
optionspremierssas@optionspensions.co.uk