

Premier SSAS Expression of Wish Form

Part 1 – Your Information

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 under your SSAS on your death. This Expression of Wish does not bind the Trustee(s) of the SSAS, but will help them to pay out benefits in line with your wishes; it can be changed in writing at any time. Please complete this form in **BLOCK CAPITALS** and return to Options SSAS Ltd (“Options UK”).

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.

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 your relationship to the people you have listed on the form under beneficiary details. 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(s) obtains explicit consent from those people whose sensitive information has been shared with the trustee(s) 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.

Beneficiary Details

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

Person 1

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth: Day Month Year

Relationship:

Percentages of death benefits: %

Person 2

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth: Day Month Year

Relationship:

Percentages of death benefits: %

Person 3

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth: Day Month Year

Relationship:

Percentages of death benefits: %

Person 4

Forenames:
(in full)

Surname:

Address:

Postcode:

Date of Birth: Day Month Year

Relationship:

Percentages of death benefits: %

Charity Details

If you wish to leave some or all of your 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: %

Trust Details

Please provide details of any Trust to which you would like the proceeds of your 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.

Part 2 – 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

Member's Name:

SSAS reference:
(if known)

Signed:

Date: Day Month Year



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FOR MORE INFORMATION PLEASE CONTACT

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