

The Options Workplace Pension Trust

Expression of Wish - Beneficiary/Nominee

Print Full Name			National Insurance No	
Employer Name			Date of Birth	
Member Signature			Date	
			it in the event of my death I i rangement to my beneficiar	
I accept that these in from me.	istructions will remain ii	n force until such time	the Trustees receive a revis	ed signed instruction
	ression of Wish is not b payment of any death b		but will take it into account	when exercising their
I accept that it is my r circumstances.	responsibility to inform	the Scheme Administr	ator and Trustees of any cho	anges to my personal
Beneficiary,	/ Nominee (de	lete as applic	able)	
	Name			
	Address			
	Post Code			
	Relationship to you			
	Percentage of Fund			
	Date of Birth			
Reneficiaru /	/ Nominee (de	lete as annlic	able)	
Dericheral g /	Name			
	Address			
	Post Code			
	Relationship to you			
	Percentage of Fund			
	Date of Birth			
	Date of biltil			





Beneficiary / Nominee (de	lete as applicable)
Name	
Address	
Post Code	
Relationship to you	
Percentage of Fund	
Date of Birth	
Beneficiary / Nominee (de	elete as applicable)
Beneficiary / Nominee (de	elete as applicable)
	lete as applicable)
Name	elete as applicable)
Name Address	elete as applicable)
Name Address Post Code	elete as applicable)

Please continue on a second form if you have more than 4 beneficiaries. The total fund percentage should equal 100%.

IMPORTANT NOTE: A beneficiary / nominee may take either a Death Benefit Lump Sum or income if they wish. The payment is taxed depending on the member's age at date of death. If the member is under 75 years old when they die, benefits are paid tax free, however a 45% tax charge is levied on the benefits if the member is over 75 years old when they die up until 5th April 2016, and thereafter at the beneficiary's / nominee's marginal tax rate. This is subject to benefits being paid out within 2 years of the date Options Corporate Pensions UK Limited is notified of the death.







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FOR MORE INFORMATION PLEASE CONTACT

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