

Premier SSAS Beneficiaries Information Form

Together with the member trustees, the professional trustee is party to the decision which determines 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 SSAS Limited, 2nd Floor, Fitzalan House, Fitzalan Court, Fitzalan Place, Cardiff, CF24 0EL.

As the SSAS 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 trustees 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 SSAS Limited.

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 trustees 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:	<input type="text"/>		
Scheme Reference Number:	<input type="text"/>		
Date of Death:	<input type="text" value="Day"/>	<input type="text" value="Month"/>	<input type="text" value="Year"/>
Original Death/Coroner's Certificate:	<input type="button" value="Attached"/>	<input type="button" value="Already Sent"/>	<input type="button" value="To Follow"/>
Did the member leave a Will?	<input type="button" value="Yes<sup>1</sup>"/>	<input type="button" value="No"/>	

¹ Please enclose a copy of the Will with this form.

2. Details of Spouse/Partner/Civil Partner

Did the member have a Spouse/Partner/Civil Partner?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
Full Name:	<input type="text"/>		
Contact Address:	<input type="text"/>		
Marriage/Civil Partnership Certificate ²	<input type="button" value="Attached"/>	<input type="button" value="Already Sent"/>	<input type="button" value="To Follow"/>
If Partner, specify the length of relationship:	<input type="text"/>		

² 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

3. Details of Children

Did the member have any children?

Number of Children:

Please complete the following section for each child of the deceased member.
Please photocopy the form as appropriate

3.1 Child 1

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Marital Status?

3.2 Child 2

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Marital Status?

3.3 Child 3

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Marital Status?

3.4 Child 4

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Marital Status?

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 Dependand 1

Full Name:

Contact Address:

Date of Birth:

Full details of relationship:

4.2 Financial Dependand 2

Full Name:

Contact Address:

Date of Birth:

Full details of relationship:

5. Details of Immediate Family

Did the member have any other immediate family?

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:

Full details of relationship:

5.2 Family Member 2

Full Name:

Contact Address:

Date of Birth:

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:

Relationship to member:



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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