



# 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 GPC Premier SSAS Limited, 15th Floor, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB.

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 GPC Premier 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://globalpensioncorporation.com/>.

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 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"/>
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&lt;sup&gt;1&lt;/sup"/> <input type="button" value="No"/>

<sup>1</sup> 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&lt;sup&gt;1&lt;/sup"/> <input type="button" value="No"/>
Full Name:	<input type="text"/>
Contact Address:	<input type="text"/>
Marriage/Civil Partnership Certificate <sup>2</sup>	<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"/>

<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

### 3. Details of Children

Did the member have any children?

Yes

No

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?

Yes

No

Marital Status?

Married

Civil Partnership

Single

#### 3.2 Child 2

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Yes

No

Marital Status?

Married

Civil Partnership

Single

#### 3.3 Child 3

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Yes

No

Marital Status?

Married

Civil Partnership

Single

#### 3.4 Child 4

Full Name:

Date of Birth:

Contact Address:

Full time Education?

Yes

No

Marital Status?

Married

Civil Partnership

Single

## 4. Details of Other Financial Dependents

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:

Full details of relationship:

### 4.2 Financial Dependant 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?

☐ 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:

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:

I understand that GPC Premier SSAS Limited charge a separate fee for the work involved in the distribution of death benefits, which is charged on a time cost basis of £150 plus VAT per hour (subject to a minimum of £500 plus VAT).



**For more information please contact**

**GPC Premier SSAS Limited**

15th Floor,

Brunel House,

2 Fitzalan Road,

Cardiff CF24 0EB

029 20557000

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GPC Premier SSAS Limited is a UK registered company, registration number 01230550, incorporated under the UK Companies Act.  
Registered office: 15th Floor, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB.