

Wrap Self Invested Personal Pension

Death benefit nomination form

Who this form is for

You should complete this form to let Standard Life know how you would like your death benefits to be paid. Instructions in relation to death benefits can have tax consequences. You should consult your legal and/or financial adviser if you are in any doubt as to the tax implications of your instructions, how to complete this form and/or what instructions to provide.

How death benefits are taxed

Death benefits from pension plans are not normally liable to inheritance tax.

If you die before age 75, your beneficiaries will not normally have to pay income tax on any benefits they receive. However, if your total benefits exceed the lifetime allowance a tax charge may be payable.

If you die on or after age 75, then benefits paid will normally be subject to income tax.

For further information on tax charges please read our guide to death benefits SLSIPP11 or 'Information about tax relief, limits and your pension' GEN658.

Tax rules and legislation can change. Any information given is based on our understanding of law and current HM Revenue & Customs practice as at April 2018. The information provided here should not be regarded as financial advice. If you are unsure you should speak to a financial adviser. There's likely to be a cost for this.

Filling in this form

If you are receiving advice from a financial adviser you should remember that the financial adviser is acting on your behalf not only by giving you advice, but also regarding completion of this form.

Please use BLOCK CAPITALS to fill in this form and any additional instructions you give us. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

Part 1 – Your personal details

National Insurance No.	<input type="text"/>	Wrap Number	<input type="text"/>
Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev)	<input type="text"/>	Date of birth (DD/MM/YYYY)	<input type="text"/>
Surname	<input type="text"/>		
First name(s) in full	<input type="text"/>		
Address			
House number	<input type="text"/>		
Street	<input type="text"/>		
City/Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>

WRAPSLSIP36 1219



Further information is contained in our guide to death benefits (SLSIP11). If you need help completing this form, please speak to your financial adviser. If this form cannot capture your requirements, please attach separate signed written instructions to this form and send the form to us.

However, if you wish a lump sum death benefit to be paid to your Standard Life Bypass Trust, you must complete Part 3b of this form.

Part 2 – How to complete this form

If you die with money still invested in your Self Invested Personal Pension Scheme, the remaining fund can be paid out to provide death benefits to your beneficiaries.

Are your instructions binding?

Normally, any instruction you give us in **Part 3** about who to pay the death benefit to is only an 'expression of wish' and is not binding. This means that Standard Life Assurance Limited, as administrator of the scheme, will decide who should receive the death benefit, taking into account all relevant matters, including your expression of wish.

But if you name the Standard Life Bypass Trust in **Part 3b**, you can make that instruction binding on Standard Life by ticking the 'Yes' box in question 2 of Part 3b on page 6. This doesn't stop you from changing your instructions in the future.

Options for a beneficiary

Once Standard Life has chosen a beneficiary (or beneficiaries) they can choose how to take benefits from their share of your pension plan.

Possible options are –

- Take a lump sum
- Take an annuity (guaranteed income for life)
- Withdraw flexible income (drawdown), and if they wish, buy an annuity later.

Depending on the option chosen the beneficiary may need to transfer their share of your plan to another product or provider. For further information on the options available please read our guide to death benefits SLSIP11.

Part 3 – Payment of death benefits

Please give details of anyone you would like to receive benefits when you die.

- If you wish to name one or more individuals, **complete Part 3a**
- If you wish to name a trust, **complete Part 3b**
- If you wish to name a charity, **complete Part 3c**

If you name more than one person, trust or charity, please indicate the percentage of the lump sum you wish each to receive. If you wish to name more recipients than this form has space for, please photocopy this page, complete the relevant details and then attach it to this form.

Part 3a – The person(s) you wish to leave your death benefits to

Title
(Mr/Mrs/Miss/Ms/
Other eg Dr/Rev)

Surname

First name(s)
in full

Date of birth
(DD/MM/YYYY)

Address

House number

Street

City/Town

County

Postcode

Relationship
to you

Death Benefits %

Please ensure that the amount of death benefits you allocate totals 100%.

Title
(Mr/Mrs/Miss/Ms/
Other eg Dr/Rev)

Surname

First name(s)
in full

Date of birth
(DD/MM/YYYY)

Address

House number

Street

City/Town

County

Postcode

Relationship
to you

Death Benefits %

Please ensure that the amount of death benefits you allocate totals 100%.

Part 3a – The person(s) you wish to leave your death benefits to

Title
(Mr/Mrs/Miss/Ms/
Other eg Dr/Rev)

Surname

First name(s)
in full

Date of birth
(DD/MM/YYYY)

Address

House number

Street

City/Town

County

Postcode

Relationship
to you

Death Benefits %

Please ensure that the amount of death benefits you allocate totals 100%.

Title
(Mr/Mrs/Miss/Ms/
Other eg Dr/Rev)

Surname

First name(s)
in full

Date of birth
(DD/MM/YYYY)

Address

House number

Street

City/Town

County

Postcode

Relationship
to you

Death Benefits %

Please ensure that the amount of death benefits you allocate totals 100%.

Part 3b – Trust

Name of Trust (if any)

Date of Trust (DD/MM/YYYY) Amount %

First Named Trustee (if you are a Trustee, include your details here)

Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev)

Surname

First name(s) in full

Address

House number

Street

City/Town

County Postcode

Second Named Trustee

Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev)

Surname

First name(s) in full

Address

House number

Street

City/Town

County Postcode



All the percentages in Parts 3a to 3c must add up to 100%.

Please insert the names of the first 2 trustees of the trust in the order they appear in the Trust document for the trust you wish to receive the lump sum death benefits. If you are one of the first two named trustees, please remember to complete your details here too.

If you have named the Standard Life Bypass Trust in Part 3b, please also answer the questions at the bottom of page 6.

Part 3b – Trust (Continued)

Complete if the trust has a corporate trustee

Company/
Limited Liability
Partnership
(LLP) name

Company/
LLP Registration
number
(if applicable)

Company address

Building
number

Street

City/Town

County Postcode

Telephone

Names of Authorised Signatories of corporate trustee

Name

Name

Name

Name

Name

Name

We only need the names of the Authorised Signatories if your trust has a corporate trustee.

Making a binding direction

1. Is the trust you've named your Standard Life Bypass Trust? Yes No

If **'Yes'**, answer question 2. If **'No'**, go to Part 3c if you wish to name a Charity to receive a lump sum (or go straight to Part 4 if you do not wish to nominate a Charity).

2. Do you want your instruction in Part 3b to be binding on Standard Life? Yes No

If **'Yes'**, Standard Life must pay the percentage of the lump sum death benefit given in Part 3b to the Standard Life Bypass Trust named in Part 3b. But you can still change your instructions in the future.

If **'No'**, Standard Life will take account of your wishes and consider your Standard Life Bypass Trust as a potential beneficiary.



If you are considering leaving the UK and becoming tax resident in another country, you should speak to your adviser about the tax effect of a binding revocable direction.



All the percentages in Parts 3a to 3c must add up to 100%.

Part 3c – Charity	
Charity Name in full	<input type="text"/>
Address	
House number	<input type="text"/> Amount <input type="text"/> %
Street	<input type="text"/>
City/Town	<input type="text"/>
County	Postcode <input type="text"/>
Registered Number	<input type="text"/>

Part 3d – Further information on your wishes

Please give any extra information you think will help us better understand who you would like to benefit from your pension on your death.

Examples

1. Before awarding any death benefits please liaise with my named beneficiaries (and/or their advisers) to establish how best to use any remaining funds to meet their needs tax efficiently. The benefit allocations given above are purely indicative (apart from the binding nomination to a trust).


2. My primary concern is that my spouse is adequately provided for from my pension on my death. After this, any remaining pension pot should be awarded to my other beneficiaries named above. To this end, in the event of my death, please liaise with my named beneficiaries to establish their needs and the best way of meeting them.

Although Standard Life will take your wishes into consideration, including any information you give here, we must consider all your circumstances before deciding who to pay the death benefits to. This form does not bind Standard Life, apart from any binding nomination you make to a Standard Life Bypass Trust.

Part 3d – Further information on your wishes (cont.)


Part 4 – Declaration

This form replaces any previous instruction for payment of death benefits completed by me in respect of my benefits under the Standard Life Self Invested Personal Pension Scheme.

Signature 

Date

(DD/MM/YYYY)

 **Signature required.**
If you have named a trust in Part 3b, the trust must exist before you sign this form.

Upload the form to the wrap platform

Upload the form using the process described on the page opposite.
If you are unable upload it, then please call us on 0345 279 1001 for help.

If you would like to change your instructions, you can obtain a new form from the Wrap literature library or by calling **0345 279 1001**. Call charges will vary.

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Standard Life Assurance Limited, provider of the Standard Life Self Invested Personal Pension Scheme, is registered in Scotland (SC286833) at Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Standard Life Trustee Company Limited is trustee of the Standard Life Self Invested Personal Pension Scheme and registered in Scotland (SC076046) at Standard Life House, 30 Lothian Road, Edinburgh, EH1 2DH. www.standardlife.co.uk

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Upload Process

Clients Tab > Portfolio > SIPP Detail:

The section covering nomination of pension beneficiaries will always be the last option on the page.

Nomination of Pension Beneficiaries

Nominations for pension death benefits can be made by uploading our [form](#) to the client's document library and tagging as "Nomination Form".
Once uploaded, this form can then be viewed by clicking the following [link](#).

Link to the form held within the To Do > Literature Library > Self Invested Personal Pension (instruction for payment of death benefits) (WRAPSLIP36). Download the form from here for completion with client.

Once the adviser has the completed form it can be scanned onto their hard drive ready for uploading onto the platform.

Link to the Individual WPs Document Library with the Form dropdown pre set for 'Nomination Form'.

Client Tab > Document Library > Documents:

Document: All [v]

Status: All [v]

Type: All [v]

Clear ▶

Add New Document: Add ▶

Click Add for the Pop-Up box.

Status: Received from Client [v]

File: [input] Browse...

Declaration

I can confirm that the Nomination form has been signed and dated by my client and accurately reflects the

Delete ▶ Add Another Document

Click Add for the Pop-Up box.

Steps:

1. Change Status to 'Received from Client'
2. Tick Declaration and save document.
3. Document should immediately show in the Document Library at the top of the list.

Additional Notes: Formatting of the document:

- Maximum file size has to be around 4MB
- Filename has to all be in lowercase
- Filename cannot contain special characters in the title
- Restrict the length of the filename to a MAXIMUM of 50 characters