

# Self Invested Personal Pension and Group Self Invested Personal Pension

## Instruction for payment of death benefits

### 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.**

### SLSIP36 0819



If you have an Active Money Personal Pension or a Group Flexible Retirement Plan, you should complete form PPP36 instead.

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.

Please make sure you provide us with your SIPP reference number which begins with a 'D'.

### Part 1 – Your personal details

National Insurance No.	<input type="text"/>	Plan Number	<input type="text" value="D"/>
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"/>		
<b>Address</b>			
House number	<input type="text"/>		
Street	<input type="text"/>		
City/Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>

## 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
- Withdraw an income, 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.

Part 3c – Charity	
Charity Name in full	<input type="text"/>
<b>Address</b>	
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"/>



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

Part 3d – Further information on your wishes
<p>Please give any extra information you think will help us better understand who you would like to benefit from your pension on your death.</p> <p><b>Examples</b></p> <p>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).</p> <p>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.</p>
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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) 

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

**What happens next?**

Keep a copy of this form for your files. Send this form to:

<p>For Individuals: SIPP Customer Centre Standard Life Assurance Limited Standard Life House 30 Lothian Road Edinburgh EH1 2DH</p>	<p>For Group SIPPs: Corporate Pensions Standard Life Assurance Limited Standard Life House 30 Lothian Road Edinburgh EH1 2DH</p>
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If you would like to change your instructions, you can obtain a new form by calling **0345 0845 000** Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.

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