

SSAS Nomination and Expression of Wish

On your death, your remaining Individual Funds (“your funds”) in your SSAS will be applied in accordance with the trust deed and rules of the Scheme to provide lump sum and / or pension death benefits. Any nomination you make in this form is not binding on the Scheme, but will be considered carefully.

Your Expression of Wish can be changed in writing at any time by completing a new form. This nomination revokes any previous nomination.

Please refer to our SSAS Information Booklet Death Benefits for further information on the payment of death benefits which can be found on our website <https://www.dapco.co.uk>

Nomination(s)

On my death I would like to nominate the following person(s) below to receive any lump sum / and or pension death benefits available.

If you wish to name more beneficiaries than the form allows for please continue on a separate sheet.

Please ensure that the percentages in the section add up to 100%.

Individuals

Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
		Percentage	<input style="width: 90%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
		Percentage	<input style="width: 90%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
		Percentage	<input style="width: 90%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
		Percentage	<input style="width: 90%;" type="text"/>

Charities

If you wish to nominate a registered charity to receive a lump sum if there are no surviving dependants at the time of your death please complete the details below. Any chosen charity must be a UK registered charity.

Charity name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Registered Charity number	<input type="text"/>	Percentage	<input type="text"/>

Trust Details

If you wish for the death benefits to be paid to a Trust please confirm the Trust's details below. We are not trust experts and cannot comment on whether the Trust will fulfil its purpose, you should take appropriate legal advice.

Name of Trust	<input type="text"/>		
Names of Trustees	<input type="text"/>		
	<input type="text"/>		
Date of Trust	<input type="text"/>	Percentage	<input type="text"/>

Additional Information

Please add any additional information below that you wish us to take into account or isn't covered by the above sections

Additional Information	<input type="text"/>		
	<input type="text"/>		

Declaration

1. On my death I would like the Trustees to consider paying any benefits from my plan to the beneficiaries in the proportion(s) set out in this nomination.
2. I understand that if the Trustees choose a beneficiary who has not been named above, drawdown income would normally only be available in limited circumstances. In order to allow the Trustees to pay drawdown income to as wide a range of beneficiaries as possible, and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme. This nomination is in addition to those beneficiaries named above.
3. I understand that this Nomination and Expression of Wish does not bind the Trustee or Scheme Administrator of the Plan and that they have discretion to decide who should receive funds on my death but they will take the information in this form into consideration.
4. If I have disclosed information about another person I can confirm that I have obtained their consent to and informed them of the purposes for which their information will be processed.

Member Signature:	<input type="text"/>
Date	<input type="text"/>
Member Name:	<input type="text"/>
Account Number:	<input type="text"/>

Please return your completed form to:

DP Administration Ltd
Bridewell House
Bridewell Lane
Tenterden
Kent TN30 6FA

Tel 01580 762 555
Fax 01580 766 444

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Member of the Association of Member Directed Pension Schemes (AMPS)