



# HERITAGE PENSIONS

## EXPRESSION OF WISHES FORM

**PLEASE RETURN THIS FORM TO:**

Heritage Pension Administration Limited  
6 Doolittle Mill  
Froghall Road  
Amphill  
Bedfordshire  
MK45 2ND

One of the benefits offered by your SSAS is the ability for the funds to be passed on to others after your death. You should complete this form to inform us who you wish to receive benefits from your pension on your death.

It is important that you consider your expression of wishes from time to time. You can change your nominated beneficiaries at any time but you must inform us by completing an expression of wishes form.

If you die before the age of 75 the funds can be passed on free of tax. If you die after you have reached age 75 they will normally be taxed at the recipient's marginal rate.

If you would like advice about completing this form you should consult a financial adviser or other appropriately qualified professional.

## 1 Your Details

Name	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/>
National insurance number	<input type="text"/>
Name of SSAS	<input type="text"/>

## 2 Declaration

***Please read the declaration before proceeding to complete the form:***

- On my death I wish the Scheme Trustees to pay any benefits from my pension in accordance with the nominated beneficiaries on this form.
- I understand this is only an expression of wishes and the Scheme Trustees have absolute discretion to decide as to the beneficiaries and the proportion of benefits paid to each beneficiary.
- I wish the widest range of people to be eligible to receive death benefits in the form of drawdown pension and or a lump sum under the rules of my pension.
- I understand that I can change the beneficiaries at any time and that the Scheme Trustees will refer to the last completed form held.



# 3 Details of Beneficiaries

If you have more beneficiaries please complete an additional form

## 3.1 Individuals

Name

Permanent residential address

Postcode

Date of birth

Relationship to you

Percentage of fund  %

Name

Permanent residential address

Postcode

Date of birth

Relationship to you

Percentage of fund  %



Name

Permanent residential address   
  
 Postcode

Date of birth

Relationship to you

Percentage of fund  %

Name

Permanent residential address   
  
 Postcode

Date of birth

Relationship to you

Percentage of fund  %

### 3.2 Trust

Name of Trust

Name of trustee

Address of trust   
  
 Postcode

Percentage of fund  %



## 3.3 Charity

Name of charity

Address of charity

Postcode

Percentage of fund

%

## 3.4 Additional Considerations

Leave blank if your wishes are stated in full above

On the subsequent death of the beneficiaries, any residual fund can be passed on to a beneficiary of their choice using this form.



# 4. Details of Alternative Beneficiaries

Only applicable should any of the beneficiaries from Section 3 either pre-decease you or do not wish to receive benefits from your pension. If you have more beneficiaries please complete an additional form.

Name

Permanent residential address   
  
 Postcode

Date of birth

Relationship to you

Percentage of fund  %

Name

Permanent residential address   
  
 Postcode

Date of birth

Relationship to you

Percentage of fund  %

Name

Permanent residential address   
  
 Postcode

Date of birth

Relationship to you

Percentage of fund  %



Name

Permanent residential address

Postcode

Date of birth

Relationship to you

Percentage of fund  %

## 4.1 Additional Considerations

Leave blank if your wishes are stated in full above

## 5. Your Signature

I declare that this expression of wishes replaces any previous request given by me.

Signed by the member

Dated

