

# SIPP Instruction for Payment of Death Benefits FSIPP36

Please complete in BLOCK CAPITALS using BLACK INK.

PLEASE NOTE: Any form received that is not completed correctly may have to be returned to you.

Form Code

91372

Source Code

The FundsNetwork™ platform is a service provided by Financial Administration Services Limited (referred to herein as "FundsNetwork"), which is a Fidelity International Group company. When we refer to "Standard Life" we mean "Phoenix Life Limited, trading as Standard Life". The FundsNetwork SIPP provided by Standard Life is available exclusively to individual investors through FundsNetwork. It is not available direct from Standard Life.

## FILLING IN THIS FORM

If you die with money still invested in the Fidelity Self Invested Personal Pension Scheme, the remaining fund can be paid out to provide death benefits for your beneficiaries. You should complete this form to let Standard Life know how you would like your death benefits to be paid. This is only an 'expression of wish' and is not binding. This means that Standard Life, as administrator of the scheme, will decide who should receive the death benefit, taking into account all relevant matters, including your expression of wish.  
You can change your instructions at any time by completing a new form (FSIPP36). If this form cannot capture your requirements please give us separate signed written instructions and attach these to this form. In this application form "we", "our" and "us" refer to Phoenix Life Limited, trading as Standard Life.. You should speak to your Intermediary if you need help completing this form.

## 1. Planholder's Details

### 1 Planholder's Details

The information supplied will be held in strictest confidence and is subject to the provisions of the Data Protection legislation.

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Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Planholder's Permanent Residential Address ("Care Of" and PO Box not acceptable.)  
House Name and/or Number and Street, City, County and Country Details

Home Telephone Number

Daytime Telephone Number (in case of query)

National Insurance Number (Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.)

Postcode

Date of Birth

Fidelity Account or Client Number (if known)

OFFICE USE ONLY

Please send your completed form to your Intermediary or to:  
Fidelity, PO Box 391, Tadworth, KT20 9FU.



## 2. Payment of Death Benefits

### Instruction for payment of death benefits

#### 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 for an individual are -

- Take a lump sum
- Take an annuity
- Withdraw an income, and if they wish, buy an annuity later.

If the chosen beneficiary is a trust, only the lump sum option is available.

#### Important information about tax

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 tax.

For further information on tax charges please 'Information about tax relief, limits and your pension' FGEN658.

### 2a Instruction for Payment to individuals

Please give details of any individuals you would like to receive a benefit on your death. If you name more than one person, please indicate the percentage you wish each person to receive. If you wish to name more than 3 people, please photocopy this page and complete it where necessary, then attach it to this form.

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

%

Please indicate the percentage of the fund you wish this person to receive.

Postcode

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

%

Please indicate the percentage of the fund you wish this person to receive.

Postcode

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

%

Please indicate the percentage of the fund you wish this person to receive.

Postcode

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## 2b Instruction for Payment of Lump Sum Death Benefits - Trust Nomination

If you would like any lump sum death benefit to be paid to a trust, please provide full trustee details below. If Standard Life chooses to pay the lump sum death benefits to this trust, the benefits could be subject to inheritance tax when they are paid out of the trust.

### Details of First Trustee

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Date of Trust

 /  / 

Postcode

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### Details of Second Trustee

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  

Postcode

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### Details of Third Trustee

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  

Postcode

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**Details of Fourth Trustee**

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname



First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

Postcode

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### 3. Declaration

3 Your Declaration

This form replaces any previous instruction for payment of death benefits completed by me under the Fidelity Self Invested Personal Pension Scheme. I confirm that I have regular access to the internet to use the website [www.fidelity.co.uk](http://www.fidelity.co.uk) to obtain fund information and agree to the provision of this information via this medium or have otherwise been provided with paper versions of this information.

Signature  
(THE PLANHOLDER MUST SIGN HERE)





Date

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This application form is issued by Standard Life. FSIPP36

The FundsNetwork SIPP is issued by Financial Administration Services Limited. Financial Administration Services Limited is registered in England and Wales (01629709) at Beech Gate Millfield Lane, Lower Kingswood, Tadworth, Surrey, United Kingdom, KT20 6RP, and authorised and regulated by the Financial Conduct Authority.

Phoenix Life Limited, trading as Standard Life, is the provider and scheme administrator, and Standard Life Trustee Company Limited is the trustee of the Fidelity Self Invested Personal Pension Scheme.

Phoenix Life Limited is registered in England and Wales (1016269) at 1 Wythall Green Way, Wythall, Birmingham, B47 6WG, 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 registered in Scotland (SC076046) at Standard Life House, 30 Lothian Road, Edinburgh, EH1 2DH

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