



## **EMBARK PENSIONS**

### EXPRESSION OF WISHES FORM

We want all of our customers to be able to access our services equally. For those who may need additional help, we have put in place some support to make it easier. If required, we can arrange to send you this document in special formats, such as large print or braille. Please ring us on **01204 803500** if this is needed.

Full details of how we can tailor communications and documents to suit your needs can be found on our website at **www.embarkpensions.co.uk/accessibility-policy** 

Please use this form to add or amend your nominated beneficiaries for your Embark Pension scheme.



### Information you will need

You will need to complete this form to inform us of who you want the funds in your SIPP to be paid to in the event of your death.

You can change your nominated beneficiaries at any time, but you MUST inform us by completing this form with the details of your new beneficiaries.

Please complete this form in BLOCK CAPITALS and BLACK INK and email it to **customerservices@ embarkpensions.co.uk**.

We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU.

If at any time you need assistance in completing this form, please call our Customer Services team on **01204 803500**.



### **Financial Advice**

We would recommend you consult with your Financial Adviser prior to completing this form.

If you do not have a financial adviser you can find details of local regulated financial advisers by visiting **www.unbiased.co.uk** or clicking on "Find financial services in your area" on the FCA's Financial Services Register at **www.register.fca.org.uk**.

1 MEMBER DETAILS	
Pension Scheme Reference:	Title:
Forename(s):	
Surname:	
Date of birth: DDDMMYYYYY	Telephone Number:
Email Address:	- ·
2 BENEFICIARY DETAILS	
Beneficiary Details 1	
Title:	
Forename(s):	
Surname:	
Date of birth: DDDMMYYYYY	
Address:	
Postcode:	
Relationship:	Percentage: %
	Percentage: %
Relationship:  Beneficiary Details 2  Title:	Percentage: %
Beneficiary Details 2	Percentage: %
Beneficiary Details 2  Title:	Percentage: %
Beneficiary Details 2  Title:  Forename(s):	Percentage: %
Beneficiary Details 2  Title:  Forename(s):  Surname:	Percentage: %
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  D D M M Y Y Y Y Y	Percentage: %
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  D D M M Y Y Y Y Y	Percentage: %
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  D D M M Y Y Y Y Y  Address:	Percentage: %  Percentage: %
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  D D M M Y Y Y Y  Address:  Postcode:	
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  D D M M Y Y Y Y  Address:  Postcode:  Relationship:	
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  Address:  Postcode:  Relationship:  Beneficiary Details 3	
Beneficiary Details 2  Title:  Forename(s):  Surname:  Date of birth:  Address:  Postcode:  Relationship:  Beneficiary Details 3  Title:	

## 2 BENEFICIARY DETAILS (CONTINUED)

Beneficiary Details 3 (	(continued)		
Address:			
Postcode:			
Relationship:		Percentage:	%
Beneficiary Details 4			
Title:			
Forename(s):			
Surname:			
Date of birth:	D D M M Y Y Y Y		
Address:			
Postcode:			
Relationship:		Percentage:	%
If you have more than four beneficiaries, then please attach a separate sheet with their details as outlined above.			
Please sign and date the additi	ional sheet and tick the following b	pox to confirm if you have attached an additional sheet	
3 ALTERNATIVE BENEF			
		eficiaries. The alternative beneficiaries listed below will be or do not wish to receive benefits from your SIPP.	
If you would like to nominate a their details below:	an Alternative Beneficiary for this p	ourpose, please tick the following box and provide	
Alternative Beneficia	ry 1		
Title:	y i		
Forename(s):			
Surname:			
Date of birth:	D D M M Y Y Y Y		
Date of birth:	D D M M Y Y Y Y		
Address:			
Postcode:			
Relationship:		Percentage:	%

3 ALTERNATIVE BENEFICIARIES (CONTINUED)	
Alternative Beneficiary 2  Title:	
Forename(s):	
Surname:	
Date of birth: DDDMMYYYYY	
Address:	
Postcode:	
Relationship:	Percentage: %
Alternative Beneficiary 3	
Title:	
Forename(s):	
Surname:	
Date of birth: DDDMMYYYYY	
Address:	
Postcode:	
Relationship:	Percentage: %
Alternative Beneficiary 4	
Title:	
Forename(s):	
Surname:	
Date of birth: DDDMMYYYYY	
Address:	
Postcode:	
Relationship:	Percentage: %
If you have more than four alternative beneficiaries, then please	e attach a separate sheet with their details as outlined above.
Please sign and date the additional sheet and tick the following	box to confirm if you have attached an additional sheet

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4	CHARITY NOMINATION

In the event you have no dependants upon death, a tax free lump sum can be paid to a registered charity of your choice.	
If you would like to nominate a charity for this purpose, please tick the following box and provide their details below	
Name of Charity:	
Percentage:	
Name of Charity:	
Percentage:	
Name of Charity:	
Percentage:	
Name of Charity:	
Percentage:	

## 5 MEMBER DECLARATION

I understand that this request is not legally binding on the Scheme Administrator of my SIPP; however, I request that the Trustee considers making any death benefit payment(s) in accordance with the nominated Beneficiaries on this form, which I may update at any time by providing written details.

I accept that Embark Pensions, will assume that if I have disclosed information about another person, that I have obtained their consent to disclose this information and I have informed them of the purpose for which their information will be used.

Member Signature: 
Print Name:

Date: D D M M Y Y Y Y

#### FREQUENTLY ASKED QUESTIONS

## Can I nominate more than four beneficiaries?

Yes, please complete their details on an additional form or provide the additional details in writing.

# What happens when the beneficiary of my pension scheme also dies?

If your beneficiary is in receipt of your pension benefits, they can nominate their own beneficiary for any remaining funds. The age at death of the immediate predecessor is the important factor in deciding the tax position of any further payments.

# Can my benefits be paid in one lump sum to my beneficiaries?

As the original member, if you were to die aged under 75 then you will be able to pass on the SIPP fund to any beneficiary without any tax charge, if this is done within 2 years of the date of your death. Where any of your pension fund is uncrystallised then until 05/04/2024, that part is tested against the Lifetime Allowance.

If you die at age 75 or over and your beneficiary chooses to receive a lump sum, they will pay income tax at their own marginal rate. The lump sum payment will not be tested against your Lifetime Allowance.

# Can my benefits be paid as an income to my beneficiaries?

If your beneficiary elects to take an income then this will be free of income tax if you die before age 75 – this is providing that you designate the pension fund on or after 6th April 2015 and this is done within 2 years of the date of your death. Again, where any of the fund is uncrystallised then until 05/04/2024 this part is tested against the Lifetime Allowance.

If you die at age 75 or over and your beneficiary chooses to take an income from the fund, they will pay income tax at their own marginal rate.

# Can I decide whether my beneficiaries take a lump sum or an income?

No, this will be down to the beneficiaries to decide how they want to receive the funds from your SIPP.

**NOTE:** It is important to note that the above is based on Embark Pension's own understanding of the relevant legislation and regulations and these may be subject to change. The tax treatment will depend on the individual circumstances of each client and may be subject to change in the future.

### **NEXT STEPS**

Please email this form to **customerservices@embarkpensions.co.uk**. We strongly recommend that you encrypt your email to protect the contents and your personal information. If you are using a password to protect your request, please remember to contact us separately with the password used. Alternatively, please post to: Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU.

Embark Pensions will then:

- · Acknowledge receipt of your application and verify the information you have provided
- · Confirm the request has been actioned









customerservices@embarkpensions.co.uk



embarkpensions.co.uk

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