



Benefit Request Form – DEATH BENEFITS

PENSION SCHEME NAME:

This form should be used where a member of an IPS pension plan has died, and benefits are to be paid to a nominated beneficiary/dependant. In accordance with the deceased member’s instructions the benefits payable under the above scheme upon the member’s death are to be payable as follows:

1, General Information

Deceased Member’s Name:

Beneficiary’s Name:

Beneficiary’s date of birth:

Beneficiary’s relationship to
Deceased member:

Present Address:
Of Beneficiary
.....

Benefit Status: (please tick one option and complete the relevant sections)

- a) Death before drawing retirement benefits Complete section 2, 5, 6, & 8
- b) Death while in receipt of income withdrawal Complete section 3, 5, 6, & 8
- c) Death while in receipt of Alternatively
Secured Pension (i.e. post age 75) Complete section 4, 5, 6, & 8

2, Death before drawing retirement benefits

Please tick selected option(s)

- a) Tax free cash Maximum available
..... Specified amount - Please specify amount £.....

Benefits to be paid as:

Cash

In-specie (if so, please supply a separate written authority confirming which pension scheme investments are to be transferred to you)

b) Dependant's Income Withdrawal (please tick one option)

.... Maximum income

.... Minimum Income

.... Income level between maximum and minimum limits. Please specify amount £..... pa gross

c) Dependant's pension via purchase of an annuity

3, Death while in receipt of income withdrawal

Please tick selected option(s)

a) Lump sum less 35% tax

Benefits to be paid as:

Cash

In-specie (if so, please supply a separate written authority confirming which pension scheme investments are to be transferred to you)

b) Dependant's Income Withdrawal (please tick one option)

.... Maximum income

.... Minimum Income

.... Income level between maximum and minimum limits. Please specify amount £..... pa gross

c) Dependant's pension via purchase of an annuity

4, Death while in receipt of Alternatively Secured Pension

a) Dependant's Income Withdrawal (please tick one option)

.... Maximum income

.... Minimum Income

.... Income level between maximum and minimum limits. Please specify amount £..... pa gross

- b) Dependant's pension via purchase of an annuity
- c) Transfer of residual fund (less Inheritance Tax if applicable). Specify pension scheme name to which the transfer is to be made:

.....

5, Payment Requirements – where income withdrawal is selected

I wish to receive my income payment: (please tick one option)

- Monthly In advance In arrears
- Quarterly In advance In arrears
- Half yearly In advance In arrears
- Annually In advance In arrears

Income drawdown payments are always made on the 21st each month.

6, Further details

Bank account for receipt of payments

Bank:

Address:

Account number:

Sort code:

Account name

Disinvestment details for pension payments

Please provide full details of where income payments are to be sourced from if insufficient cash is available in the pension scheme bank account

.....

7, Terms and conditions

I understand, and consent, to the following:

- a, Payment of benefits will be made in accordance with the information provided in this form.
- b, I will be able to change the amount of income, within the limits set down by the Rules of the Scheme.

c, The amount of income that I may draw will be determined by limits set out by HM Revenue & Customs.

d, If I select an initial amount of income which is above the upper limit then PAL Trustees Ltd will pay income equal to the upper limit.

e, If at any time in the future my selected amount of income falls outside the limit, PAL Trustees Ltd will pay income equal to the appropriate limit.

f, If insufficient monies are placed in my pension scheme bank account to pay Tax Free cash or the regular income, or both, I understand and agree that PAL will not be responsible for the payment of benefits. I also understand and agree that I will be responsible for informing PAL Trustees Ltd as to how these monies are to be made available, and providing the Trustees' written instructions where there are other trustees involved.

g, Where income withdrawal is selected, I understand and accept that the pension is not guaranteed and that there are risks involved which mean my pension may reduce over time. I also understand the benefits payable from the pension plan on my death.

h, I understand that the information provided is subject to legislation, and that it is an offence to make false declarations. I indemnify PAL Trustees Ltd, Union Pensions Trustees (London) Ltd, and The IPS Partnership Plc against any costs, fines or penalties which may arise as a result of giving incorrect information.

Declaration

I confirm that I am the named beneficiary of the above plan. In consideration of the payment of the benefits specified to myself, I hereby discharge the Trustees from all liability for all benefits arising under the Scheme relating to the member.

I confirm that the statements made on this form are both true and complete and if it is later discovered that any false or incomplete statements have been made, or if I am not entitled to the proceeds from this plan then I will return the payment in full plus reasonable costs, or damages, or losses incurred by PAL Trustees Ltd or The IPS Partnership Plc, which includes any legal expenses.

8, Signature Beneficiary's Signature: Date: