



SIPP Deceased Family and Dependents Form

Death benefits from a Self-Invested Personal Pension are distributed at the discretion of the SIPP trustees. As administrators of the pension scheme operating on behalf of the trustees, we have an obligation to investigate thoroughly and fairly.

Use this form to provide information to help us establish the beneficiaries of the SIPP.

Please complete in capitals using black ink and return it to Wealthtime Client Services, PO Box 4328, BATH BA1 0LR.

Deceased Client Details

Wealthtime Investor number:

Title:

Forename(s):

Surname:

The next questions will help us establish who the beneficiaries of the SIPP are.

Was the deceased married or in a relationship at date of death? Yes No

If Yes, please confirm the spouse's details (name, address, email address and phone number):

Spouse's name:

Address:

Postcode:

Email:

Did the deceased have any children at date of death?

Yes

No

If Yes, are any children under the age of 18 and/or financially dependent?

Yes

No

If Yes, please provide details (name, date of birth and address, along with contact information for their guardian):

Child's name:

Date of birth

(dd/mm/yyyy):

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Address:

Postcode:

Guardian's name:

Telephone number:

Email:

Child's name:

Date of birth

(dd/mm/yyyy):

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Address:

Postcode:

Guardian's name:

Telephone number:

Email:

If you need to add further details, please copy this page.

Were there any other financial dependents, carers, partners or former partners that we should be aware of?

Yes

No

If so, please provide details (names, addresses, email addresses and phone numbers):

Name:

Address:

Postcode:

Telephone:

Email:

Name:

Address:

Postcode:

Telephone:

Email:

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Notifier details

Title:

Forename(s):

Surname:

Date of birth
(dd/mm/yyyy):

Relationship to
deceased:

Signature:

Date of birth
(dd/mm/yyyy):

If you require this document in an alternative format please contact us.

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