

Self-Invested Personal Pension

# Platinum SIPP

## **Bereavement Information Form**

**We are sorry to learn of your loss.**

Note that this form can only be completed by an Executor of the Estate of the deceased, or another person dealing with the Deceased's Estate, if there is no Will.

If you are unable to complete this form now, please ensure we are sent an original Death Certificate as soon as possible, with this form to follow.

**SIPP Member Information**

Name of member (deceased)
SIPP member number(s)

**Tell us who you are (please tick)**

I am an Executor of the Estate

I am a person dealing with the Estate, where there is no Will

**Please also provide us with your details**

Name (or company name)	
Relationship to deceased	
Address	
	Postcode
Telephone number	
Email address	

Once you have completed this form, please send it to:

**InvestAcc Platinum**  
 5th Floor, 4 Exchange Quay  
 Salford Quays  
 Manchester  
 M5 3EE

Or email it to [platinumsipp@investacc.co.uk](mailto:platinumsipp@investacc.co.uk).

## Required Information

The trustees have discretion with regards to whom the death benefits are to be paid. Although we will take in to account any information on our records regarding any nominated beneficiaries, we must gather as much relevant information as possible, regarding the deceased's personal circumstances. We must ensure that an informed settlement decision is made.

For this purpose, please confirm whether the deceased was survived by any of the following and provide the requested information:

Relationship to deceased	Name(s)	Date of Birth	Please tick below if financially dependent on the deceased
Spouse			
Co-habiting Partner			
Children	1.		
	2.		
	3.		
Parents	1.		
	2.		
Siblings	1.		
	2.		
	3.		
Other			

If you require more space, please use the 'additional information' section later in this document.

### What does financially dependent mean?

This means being financially reliant upon the deceased or being in a relationship of mutual financial reliance. For example: a co-habiting partner, child under age 23, child or other individual of any age who is dependent due to mental or physical incapacity etc.

If you have indicated that any of the individuals you have named above were financially dependent on the deceased, please provide evidence of such dependency. Some examples of evidence would be joint bank account statements, joint utility bills, joint rent agreement, etc. Any similar forms of evidence that you choose to submit will of course be reviewed.

Please note a spouse living at the same address is not required to provide evidence of dependency.

## Details of Other Assets / Amounts Payable

Please provide details of all other assets / amounts payable following the death of the member:

<b>Estate</b> (provide details below)	
Expected Value (£)	To Whom Payable
Relationship to deceased	

<b>Other pension funds</b> (provide details below)	
Expected Value (£)	To Whom Payable
Relationship to deceased	

<b>Protection policies</b> (provide details below)	
Expected Value (£)	To Whom Payable
Relationship to deceased	

<b>Assets under Trust</b> (provide details below)	
Expected Value (£)	To Whom Payable
Relationship to deceased	

<b>Other</b> (provide details below)	
Expected Value (£)	To Whom Payable
Relationship to deceased	

## Additional Information

If there is any additional information that you feel should be taken into consideration when making our settlement decision, with regards to how the benefits should be distributed, please provide the details here. Please note, you are not obligated to provide any information in this section, this is optional.

## Document Checklist

In order to proceed with our decision-making process, we will require sight of the following documentation. If for any reason any of the requested documents are currently unavailable, but can be provided later, please indicate this below and send us the documents that are available now along with this completed form.

When returning this form please provide the following documentation:	Please tick to indicate that you have enclosed this:
<b>Original Death Certificate*</b>	
<b>Birth Certificate**</b> – of any potential payee(s).	
<b>Marriage Certificate</b> – of any potential payee(s)	
<b>Certificate (Decree Absolute or Final Order)</b> – if the deceased was unmarried at the date of death and had previously divorced or had a marriage or civil partnership subject to dissolution or annulment.	
<b>Will</b> – if applicable (if there is no Will, please state N/A in the next column)	
<b>Grant of Representation</b> – if applicable/available (if a Grant of Representation is not being applied for at any time, please state N/A in the next column).	

\* Note that we will always require a Death Certificate to be an original; other documents may be certified copies. Please refer to <https://www.gov.uk/certifying-a-document> for details.

\*\* For potential payees who are not children of the deceased, we can also accept certified copies of their passport or driving licence, instead of their birth certificates.

**If applicable**, please confirm the document(s) that are currently unavailable and provide the approximate date/timescale of availability:

## Your Declaration

This section creates a binding agreement between yourself and InvestAcc. Please read it carefully to ensure that you understand it before signing below. If there is anything that you don't understand we recommend that you seek advice from a professional adviser.

### Declaration:

I am/We are the person(s) best placed to provide the information necessary for InvestAcc to make a decision as to whom benefits are to be paid.

I/We have considered the answers that I/we have given carefully and as far as I am/we are aware, the information provided on this form is an accurate account of the deceased's circumstances at the date of death. I/We ask that InvestAcc takes this into account when exercising its discretion as to whom the benefits are paid.

I/We understand that it is a criminal offence to make a deliberately misleading statement.

Please sign to indicate your acceptance of the declaration:

Signed	Date

I am (tick only one of the following):

An Executor named in the Will of the Deceased

I am a person dealing with the deceased's Estate as there is no Will

Signed by witness	Date
Address of witness	
	Postcode
Occupation of witness	

Please note that the witness signing this form must not be a relative and/or a potential beneficiary and must be over the age of 18.



# InvestAcc Platinum

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5th Floor, 4 Exchange Quay  
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Manchester  
M5 3EE

0345 25 05 609  
platinumsipp@investacc.co.uk

[www.investaccplatinum.co.uk](http://www.investaccplatinum.co.uk)

