

DEATH BENEFIT OPTIONS

When to use this form

You should use this form to show us how you would like your pension benefits to be dealt with when you die if you have a Family Suntrust, Retirement Wealth Account, The Personal Pension or The Executive Pension.

There are a number of options as to how your pension benefits can be distributed. You can give us death benefit instructions, and change them, at any time. But you must give them to us in writing.

If you have a:

- Phoenix Wealth Pension Funds only plan please write to Phoenix Wealth, Unit Linked Life & Pensions, PO Box 1393, Peterborough, PE2 2TP.
- Retirement Wealth Account - Self-invested plan please write to Phoenix Wealth, Self Invested Pensions, PO Box 1394, Peterborough, PE2 2TQ.

1) Allocation

You can 'allocate' your pension benefits to a spouse/civil partner. They will have the choice as to how they want to take their benefits. An allocation is binding so we will act based on your instructions.

2) Expression of wish

You can nominate anyone as a beneficiary through an expression of wish. Unlike an allocation, how your pension fund is used and who receives it will be applied at our discretion taking into account your wishes.

Normally the following benefit options will be available under an expression of wish:

- A lump sum
- An income through:
 - A secured annuity (for dependents only)
 - Drawdown.

Combining instructions

Different parts of your benefits can be distributed in different ways. For example, you could arrange for part to be applied through the 'allocation' route and for the balance to be paid as a lump sum through an expression of wish.

Integrated trust

If you have already set up an integrated trust to receive your lump sum death benefit we can no longer guarantee we will pay the trust when you die. However, we will assume, unless you tell us otherwise, that a lump sum is to be paid to the integrated trust.

Are there any tax issues?

There are tax implications you should consider. We cover these in the **Tax and your pension** leaflet but you should discuss this with the financial adviser.

1. SCHEME/POLICY DETAILS

Scheme name	
Scheme/Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your full name	

2. DEATH BENEFIT INSTRUCTIONS

Complete the following tables to make an allocation and/or expression of wish.

Allocation

Beneficiary's full name	Relationship to you	Date of birth	Proportion of remaining fund
	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil partner	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	%

Expression of wish

Beneficiary's full name	Relationship to you	Date of birth	Proportion of remaining fund	Pay benefits as
		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	%	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Income
		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	%	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Income
		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	%	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Income
		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	%	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Income

If you wish an existing trust arrangement to be considered as a beneficiary, please state 'TRUST' under relationship and send us a copy if we do not already hold one.

3. DECLARATION AND CONSENT

I understand that:

- Any allocation takes precedence over the Scheme Administrator's discretion that relates to expression of wish lump sum death benefits and income.
- I can change or remove the allocation or expression of wish at any time by giving the Scheme Administrator instructions in writing.

I confirm that:

- To the best of my knowledge and belief, the statements made in this form, including those not in my handwriting, are correct and complete.

Important: For Family Suntrust only - in the case of a Minor, this form must be signed by the Parent/Guardian acting on their behalf and the declarations above will apply accordingly.

Signature:

x

Date:

 / /

Your name if you're signing on behalf of a Minor	
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