

Date of Trust

## **SSAS Member Expression of Wish Form**

Please complete this form to provide details of any individual(s), trust or charity you would like to receive any benefit under the scheme on your death.

Please note that the scheme trustees, including Yorssas (Trustees) Limited, are not bound by this Expression of Wish. However, it will assist the trustee in ensuring that your benefits are paid out in line with your wishes.

The trustees can pay a lump sum death benefit to any Beneficiary (as defined in the Scheme Rules) and/or a pension to any Dependant (as defined in the Scheme Rules). The trustee can also nominate an individual who is not a dependant to receive benefits on your death. However the trustees cannot nominate an individual where you have a dependant when you die, have nominated an individual who is not a dependant, or have nominated a charity.

Member Name										
Member Name	Title	Forename(s)	Surname							
Scheme Name:										
Individuals  You can nominate individual(s) to receive a lump sum and/or a pension. Any individual you nominate need not be a dependant.										
Name and Address			National Insurance Number		Relationship	% Share				
Trust  If you would like any benefits payable under the scheme on your death to be paid to a Trust, please complete the details below.										
Name of Trust										
Name of Trustees										

Contact Address of Trust								
	Postcode							
Please note, Yorssas (Tr	ustees) Limi	ted cannot he held respo	nsible for ensuring a Trust fu	ılfills the purpo	oses for which it was intended.			
Charity								
You can nominate a charity to receive a Charity Lump Sum Death Benefit (CLSDB) however it can only be paid to a charity if you have no dependants when you die. If you die before age 75, a CLSDB can only be paid from a drawdown fund. If you die having reached age 75, a CLSDB can be paid from either a drawdown fund or uncrystallised fund.								
Name of Charity								
1								
Address of Charity								
	Postcode							
Registered Charity No. (must be a UK registered charity)								
Member Declara	tion							
Member Deciara	ition							
Member Name	Title	Forename(s)		Surname				
		-1						
Signed								
Jigried				Date				
Your expression of wish instruction.	n can be cha	nged at any time by com	pleting a new expression of	wish form, or p	providing a separate written			
Yorssas (Trustees) Limit	ted suggest	you take professional adv	vice on this matter.					





Please return the signed and dated form to the address shown below.