

# IVCM Heritage SIPP

## Death Claim and Notification Form

The IVCM Heritage SIPP is operated and administered by PSG SIPP Limited.

The asset trustee for the IVCM Heritage SIPP is Heritage Trustees Limited.

An agreement is in place between PSG SIPP Limited and IVCM whereby certain administrative functions in respect of the IVCM Heritage SIPP are outsourced to and undertaken by IVCM.

**PSG SIPP Limited**

6 Doolittle Mill  
Froghall Road  
Amphill, Bedfordshire  
MK45 2ND

PSG SIPP Limited is authorised and regulated by the Financial Conduct Authority with registration number 514654.

PSG SIPP Limited is a wholly owned subsidiary of Basi and Basi Financial Planning Limited.

# 1 Notification of Deceased Member

## Deceased Member

SIPP reference number

Title Mr  Mrs  Miss  Ms  Other

Name

Date of birth

National insurance number

Date of death

Marital status  
 Single  Married  Civil Partner   
 Divorced  Widowed  Other

If married, date of marriage/  
civil partnership registration

If divorced, date of divorce

## Solicitor

Complete this section if a solicitor has been instructed to deal with the Deceased Member's estate

Solicitor's name

Name of firm

Address   
  
 Postcode

Email address

Telephone numbers Office  Fax

Do you require Heritage Trustees Limited deal direct with the solicitor? Yes  No

**Information to assist Heritage Trustees Limited with the claim**

Did the Member die intestate? Yes  No

Has the Grant of Letter of Administration been applied for? Yes  No

If 'Yes' what date was it applied for?

Is there a valid Will? (If 'Yes' we require the original or certified copy) Yes  No

If no executors were appointed, has a Grant of Letters of Administration with Will been applied for? Yes  No

If 'Yes' what date was it applied for?

Has a Grant of Probate been requested? Yes  No

If 'Yes' what date was it applied for?

**Informant**

Relationship to the Deceased Member

Title Mr  Mrs  Miss  Ms  Other

Name

Permanent residential address   
  
 Postcode

Date of birth

National insurance number

Telephone number

Email address

Please provide us with one form of photo ID and one form of address ID e.g. bank statement or utility bill (dated within three months)

Are you a claimant (beneficiary) as well as the informant? Yes\*  No

\* If Yes, when completing Part 2 "Death Claim Form", please include your details and those of all other beneficiaries

**Informant Declaration**

- I understand that the information in section 1 is to notify Heritage Trustees Limited of the death of the Member of the IVCM Heritage SIPP
- The information shall be used by Heritage Trustees Limited to process the death claim
- I understand this is the initial stage of the claim and further information and documentation may be required to process the claim
- I understand that if the Member has died before age 75 the benefits paid will be tax free provided Heritage Trustees Limited complete the claim process within two years from the date they were first notified of the Members death
- I understand that if the Member has died aged 75 or over or if the Member has died before age 75 and Heritage Trustees Limited cannot complete the claim process within two years, the benefits paid will be subject to a tax charge at the beneficiaries' marginal rate of tax
- I confirm the information provided is to the best of my knowledge and belief true and accurate
- I have enclosed an original or certified copy of the death certificate (please note the death certificate must be in English or translated into English by a translation company and certified by a solicitor or notary public in the UK)
- I acknowledge that it would be prudent for financial and wealth preservation reasons to consider (whether for myself or other potential beneficiaries) financial or other appropriate professional advice prior to receipt of benefits from this claim and I understand this is not advice that can be given by PSG SIPP Limited nor Heritage Trustees Limited.

Signature

Name

Dated

## 2 Death Claim Form

Please photocopy pages 6 and 7 for every additional beneficiary

### Beneficiary

Relationship to the Deceased Member

Title

Mr  Mrs  Miss  Ms  Other

Name

Permanent residential address

Postcode

Date of birth

National insurance number

Telephone number

Email address

Please provide us with one form of photo ID and one form of address ID e.g. bank statement or utility bill (dated within three months)

### Chosen option(s)

**A** Please pay a lump sum death benefit

**B** Please pay a pension death benefit  
(you will need to request and complete a IVCM Heritage SIPP application form)

**C** Transfer out to another pension provider/annuity provider

- If we need to sell any investments to provide the benefits requested above we will notify you of any encashment costs the investment provider proposes charging. Some investments may take longer to encash, in particular if they are gated, suspended, and illiquid or based overseas.

**Bank account where payment should be sent**

If option A or B has been chosen please add the bank details below

Bank	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Account name	<input type="text"/>		
Account number/IBAN	<input type="text"/>		
Sort code/SWIFT code	<input type="text"/>		
Any reference	<input type="text"/>		

Please provide one of the following documents as evidence of the bank details

- Bank statement showing your home address
- Void cheque       Void paying in slip

**P46**

If option B has been chosen please complete a P46 form if the Deceased Member was aged 75 or over at date of death. This can be obtained from the Government website [www.pdfFiller.com/100086474-fillable-download-p46-form-in-word-format-hmrc-gov](http://www.pdfFiller.com/100086474-fillable-download-p46-form-in-word-format-hmrc-gov)

**Beneficiary Declaration**

- I understand the completion of this form does not guarantee any entitlement to benefits
- I understand this is the initial stage of the claim and further information and documentation may be required to process the claim
- I understand that if the Member has died before age 75 the benefits paid will be tax free provided Heritage Trustees Limited complete the claim process within two years from the date they were first notified of the Members death
- I understand that if the Member has died aged 75 or over or if the Member has died before age 75 and Heritage Trustees Limited cannot complete the claim process within two years, the benefits paid will be subject to a tax charge at the beneficiaries' marginal rate of tax
- I confirm the information provided is to the best of my knowledge and belief true and accurate
- I acknowledge that it would be prudent for financial and wealth preservation reasons to consider (whether for myself or other potential beneficiaries) financial or other appropriate professional advice prior to receipt of benefits from this claim and I understand this is not advice that can be given by PSG SIPP Limited nor Heritage Trustees Limited.

Signature

Name   
 Dated

# 3 Checklist

Please return this form with the relevant documents

- Death certificate - original or certified copy (please note the death certificate must be in English or translated into English by a translation company and certified by a solicitor or notary public in the UK)
- Marriage certificate (if applicable)
- Grant of Letter of Administration
- Will
- Grant of Probate
- Beneficiary ID e.g. one form of photo ID and one form of address ID e.g. bank statement or utility bill (dated within three months)
- Bank account ID if the lump sum death benefit option or the pension death benefit option has been chosen e.g. original bank statement, void cheque, void paying in slip
- P46 if the pension death benefit option has been chosen and the Deceased Member was aged 75 or older at date of death
- IVCM Heritage SIPP application form if the pension death benefit option has been chosen