



MES PENSIONS

Beneficiaries Information
Form for the Payment of
Death Benefits

Beneficiaries Information Form for the Payment of Death Benefits



As the SIPP trustee we are responsible for determining who is entitled to receive benefits and for arranging their payment. To do this we need to obtain details of personal circumstances. Please complete this form in BLOCK CAPITALS as fully as possible, sign and send this to us at compliance@mespensions.com.

As the SIPP is a discretionary trust it is our understanding that this currently falls outside of the client's estate for inheritance tax purposes. However, from April 2027, most death benefits under registered pension schemes will be deemed to be part of a client's estate for IHT purposes.

The information provided on this form will only be used to help the trustee determine who is eligible for any death benefit arising under the scheme. Wherever possible, you should take steps to inform those named on this form that you are disclosing their details, obtain their consent to do so and identify to them that you are sharing their information with MES Financial Services Limited.

You can find out more information about when, why and how we collect and use personal data by referring to our Privacy Notice available [here](#).

In completing the form, we ask you to provide information about the relationship to the member of those listed on the form. In doing so, you may reveal sensitive information about those people named on the form. Data protection regulation requires that the trustee obtains explicit consent from those people whose sensitive information has been shared with the trustee before they can use that information. The people listed have the right to withdraw their consent at any time. Please contact us if anyone named on this form wishes to withdraw their consent.

We would strongly suggest that you read our Bereavement Guide which sets out our requirements before completing this form.

1. Member Information

Full Name	
SIPP Reference Number	
Date of Death	

Death/Coroner's Certificate: Attached / Already Sent / To follow

Did the member leave a Will? Yes / No . If yes, please enclose a copy of the Will with this form.

2. Details of Spouse/Partner/Civil Partner

Did the client have a spouse/partner/civil partner? Yes / No . If yes, provide details below.

Marriage/Civil Partnership Certificate: Attached / Already Sent / To follow

If a Partner, please specify the length of the relationship: _____

Beneficiaries Information Form for the Payment of Death Benefits



Spouse/Partner/Civil Partner Details:

Full Name	
Contact Address	
Email address	
Telephone number	

3. Details of children

Please complete this section for each child of the deceased client. Please photocopy the form as appropriate.

Did the client have any children? Yes / No . If Yes, specify number of children: _____

Child 1

Full Name	
Date of Birth	
Address	
In Full Time Education?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Marital Status (if aged 18 or over)	

Child 2

Full Name	
Date of Birth	
Address	
In Full Time Education?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Marital Status (if aged 18 or over)	

Beneficiaries Information Form for the Payment of Death Benefits



Child 3

Full Name	
Date of Birth	
Address	
In Full Time Education?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Marital Status (if aged 18 or over)	

Child 4

Full Name	
Date of Birth	
Address	
In Full Time Education?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Marital Status (if aged 18 or over)	

Child 5

Full Name	
Date of Birth	
Address	
In Full Time Education?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Marital Status (if aged 18 or over)	

Beneficiaries Information Form for the Payment of Death Benefits



4. Details of other financial dependents

Please complete this section for each financially dependent person. Please photocopy the form as appropriate.

Financial dependent 1

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Financial dependent 2

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Financial dependent 3

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Beneficiaries Information Form for the Payment of Death Benefits



Financial dependent 4

Full Name	
Date of Birth	
Address	
Full details of Relationship	

5. Details of immediate family

Please complete this section for each member of the immediate family. Please photocopy the form as appropriate.

Family member 1

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Family member 2

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Beneficiaries Information Form for the Payment of Death Benefits



Family member 3

Full Name	
Date of Birth	
Address	
Full details of Relationship	

Family member 4

Full Name	
Date of Birth	
Address	
Full details of Relationship	

6. Executor/Administrator of the estate

Full Name	
Company name (if applicable)	
Address	
Email address	
Telephone number	

Beneficiaries Information Form for the Payment of Death Benefits



7. Other Information

Please complete this section with any other details you consider relevant.



Contact

MES Financial Services Limited
First Floor, 31 College Green,
Bristol, BS1 5TB

info@mespensions.com
+44 3303 202091