

ascentric

Expression of Wish

Please use this form to provide details of who you would like to benefit from your SIPP in the event of your death.

The nomination ensures that the widest range of people are eligible to receive death benefits both in the form of a lump sum and a pension.

The expression of wishes allows you to tell us who you would like to receive death benefits without reducing the options of anyone you do not name.

You can change this Expression of Wish by writing to us at any time.

If you have any questions please contact your Financial Adviser or call our Client Services Team on 0345 076 6140. Our lines are open 8:30am to 5:30pm Monday to Friday.

Please complete this form in BLOCK capitals and mark ✕ in the applicable boxes.

The completed form should be sent to:

Client Services, Ascentric, Trimbridge House, Trim Street, Bath BA1 1HB.

Section 1 Your Details

Ascentric Pension Account number

Member's Name

Section 2 Nomination

In the event of my death, I nominate all of my Eligible Recipients as the persons to whom you should consider allocating any death benefits from my SIPP.

'Eligible Recipient' in relation to a Member or Survivor means:

- (i) his/her Relatives;
- (ii) his/her Dependants (meaning, in the case of a Survivor, any individual who would be a Dependant if the Survivor were a Member);
- (iii) any person nominated for this purpose by him/her;
- (iv) any person entitled under his/her will to any interest in his/her estate;
- (v) his/her personal representatives (but not if any payment to them would then pass as bona vacantia); and
- (vi) (in relation to a Survivor) any Eligible Recipient of the member to whom the relevant arrangement relates.

Section 3 Expression of Wishes

In the event of my death, my wishes are that you consider allocating any death benefits from my SIPP to my 'Eligible Recipients'; as follows:

Individual

Please provide details of any individuals you would like to receive any benefit payable from your SIPP on your death.

Individual 1

Full name

Address

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Relationship to you

Percentage of benefit

<input type="text"/>	%
----------------------	---

Individual 2

Full name

Address

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Relationship to you

Percentage of benefit

<input type="text"/>	%
----------------------	---

Individual 3

Full name

Address

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Relationship to you

Percentage of benefit

 %

Individual 4

Full name

Address

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Relationship to you

Percentage of benefit

 %

Trust

Please provide details of any trust that you would like to receive any benefit payable from your SIPP on your death.

Please note that in the event of your death we will require a certified copy of the trust before any death benefits can be paid.

Trust 1

Name of trust

Address where the trust is held

Date of trust

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Full Name of trustees

Percentage of benefit

 %

Trust 2

Name of trust

Address where the trust is held

Date of trust

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Full Name of trustees

Percentage of benefit

 %

Charity

Please provide details of any charity you would like to receive any benefit payable from your SIPP on your death.

Charity 1

Full name

Address

Registration number

Percentage of benefit

%

Charity 2

Full name

Address

Registration number

Percentage of benefit

%

Declaration

I understand that Investment Funds Direct Limited will assume that where I have disclosed information about another person I have (i) obtained their consent to disclose such information; and (ii) informed the other person(s) of the purpose for which their information will be processed.

Member's Signature

Date

D

D

/

M

M

/

Y

Y

Y

Y