

## Expression of Wishes

You should complete this form to tell us who you wish to receive benefits from your plan if you die.

If you wish to name more beneficiaries than the spaces allow for, please continue on a separate sheet and attach it to this form.

Please refer to the Terms and Conditions for your plan for details of the different ways death benefits may be received.

**For Your Future SIPP, MasterSIPP, SmartSIPP, SimsIPP and Suffolk Life SIPP, please return your completed form to:**

Curtis Banks, 153 Princes Street, Ipswich, Suffolk, IP1 1QJ

**For all other Curtis Banks SIPP products, please return your completed form to:**

Curtis Banks, 3 Temple Quay, Bristol, BS1 6DZ

### 1 Your details

**Name**

**Scheme name (if applicable)**

**Plan number(s) / Application ID**

(Any sub-plans are  
automatically included)

### 2 Declaration

Please read the declaration before entering details of beneficiaries.

#### Declaration

- On my death, I wish the scheme administrator to pay any benefits from my plan(s) to the beneficiaries, and in the proportion set out below.
- I accept that this is only an expression of my wishes. I understand that whilst the scheme administrator will pay due consideration to those wishes, they have absolute discretion as to the beneficiary(ies) and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.
- I understand that if the scheme administrator chooses a beneficiary who has not been named in section 3 or 4, drawdown income would normally only be available in limited circumstances. Therefore, in order to allow the scheme administrator to pay drawdown income to as wide a range of beneficiaries as possible, and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme. This nomination is in addition to those beneficiaries named in section 3 or 4.
- I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

### 3 Details of beneficiaries

The percentages in this section should add up to 100%.

#### 3.1 Individuals

**Name**

**Address**

**Date of birth**

**Percentage payable to beneficiary**

**%**

**Name**

**Address**

**Date of birth**

**Percentage payable to beneficiary**

**%**

## Individuals (continued)

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

### 3.2 Trust

Name of trust

Name/s of the  
trustees of the trust

Address where trust is held

Date of trust

Percentage payable to beneficiary

%

### 3.3 Charity

Name of charity

Charity registration number

Address

Percentage payable to beneficiary

%

Total of all percentages in section 3

100%

## 4 Alternative beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in section 3 either:

- die before you; or
- do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in this section should add up to 100%.

### 4.1 Individuals

Name

Address

Date of birth

Percentage payable to beneficiary

%

4.1 Individuals  
(continued)

Name  
Address

Date of birth

Percentage payable to beneficiary  %

Name  
Address

Date of birth

Percentage payable to beneficiary  %

Name  
Address

Date of birth

Percentage payable to beneficiary  %

4.2 Trust

Name of trust  
Name of trustees

Address where trust is held

Date of trust

Percentage payable to beneficiary  %

4.3 Charity

Name of Charity  
Charity registration number  
Address

Percentage payable to beneficiary  %

Total of all percentages in section 4  100%

## 5 Declaration & signature

- I declare that this expression of wishes is to replace any previous nomination that the Scheme Administrator holds on record.

Name of client

Signature of client

Date

Curtis Banks,  
3 Temple Quay,  
Bristol, BS1 6DZ

T 0117 910 7910  
F 0117 929 2514

curtisbanks.co.uk

Curtis Banks,  
153 Princes Street,  
Ipswich, IP1 1QJ

T 0370 414 7000  
F 0370 414 8000

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