

# **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. This can be found at www.curtisbanks.co.uk/literature.

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 Accessing our services

If you experience difficulties accessing any of our services due to personal circumstances, we may be able to make some adjustments to help you. Please provide us with details of your needs so we can assess any reasonable adjustments that we can make for you.

The information you provide will help us assess your requirements and make any reasonable adjustments to improve how we work and communicate with you.

We will require your consent to process this information, and to enable us to share this data with other third parties where appropriate, e.g. investment firms or advisers, to help us, and others to continue to meet your needs. Please could you kindly provide this below.

I agree to my information being processed by Nucleus Financial Platforms Group, to include being shared and gathered between relevant third parties.

Please refer to our Group Privacy Notice, should you require further guidance on how we collect use and protect your personal information. This can be found at **www.nucleusfinancial.com/privacy-notice** or please ask your adviser or us for a copy.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent, please contact us on the below:

For Your Future SIPP, MasterSIPP, SimSIPP and Suffolk Life SIPP the SIPP Support Team on 0370 414 7000 or sippsupportteam@curtisbanks.co.uk. For all other Curtis Banks SIPP products the Client Management Team on 0370 414 7000 or cmt@curtisbanks.co.uk.

### 2 Your details

#### Name

Scheme name (if applicable)

Plan number(s) / Application ID

(Any sub-plans are automatically included)

### 3 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 4 or 5, 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 4 or 5
- I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

# 4 Details of beneficiaries The percentages in this section should add up to 100%. 4.1 Individuals 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 % Name Address Date of birth Percentage payable to beneficiary % 4.2 Trust Name of trust Name/s of the trustees of the trust Address where trust is held Date of trust Percentage payable to beneficiary % 4.3 Charity Name of charity Charity registration number

Address

Percentage payable to beneficiary %

Total of all percentages in section 4

100%

# 5 Alternative beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in section 4 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%.

5.1 Individuals	Name		
Ad	ldress		
D			
Date of	Dirth	Percentage payable to beneficiary	%
!	Name		
Ad	ldress		
Date of	Dirth	Percentage payable to beneficiary	%
-	Name		
	ldress		
Date of	birth	Percentage payable to beneficiary	%
	Name		
	ldress		
/			
Date of	birth	Percentage payable to beneficiary	%
5.2 Trust Name of			
Name of tru	istees		
Address where trust is	s held		
Date of	trust	Percentage payable to beneficiary	%

## 5 Alternative beneficiaries (continued)

5.3 Charity

Name of Charity

Charity registration number

Address

Percentage payable to beneficiary

%

Total of all percentages in section 5

100%

## 6 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 Limited,
3 Temple Quay,
Bristol, BS1 6DZ

T 0370 414 7000

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

T 0370 414 7000

T 0370 414 7000

F 0370 414 8000

F 0370 414 7000 curtisbanks.co.uk

## Call charges will vary. We may record and monitor calls.

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