

## 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](http://www.curtisbanks.co.uk/literature).

For Your Future SIPP, MasterSIPP, SmartSIPP, SimSIPP and Suffolk Life SIPP, please return your completed form via secure message, by email to [clientadministration@curtisbanks.co.uk](mailto:clientadministration@curtisbanks.co.uk) or by post to:

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

For all other Curtis Banks SIPP products, please return your completed form via secure message or by post to:

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

## 1 Accessing our services

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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](http://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, SmartSIPP, SimSIPP and Suffolk Life SIPP the SIPP Support Team on 0370 414 7000 or [sippsupportteam@curtisbanks.co.uk](mailto:sippsupportteam@curtisbanks.co.uk).

For all other Curtis Banks SIPP products the Client Management Team on 0370 414 7000 or [cmt@curtisbanks.co.uk](mailto:cmt@curtisbanks.co.uk).

## 2 Your details

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**Name**

**Scheme name (if applicable)**

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

(Any sub-plans are automatically included)

### 3 Declaration

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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

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

#### 4.1 Individuals

Name

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

Name

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

Name

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

Name

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

## 4 Details of beneficiaries (continued)

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### 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

%

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### 4.3 Charity

Name of charity

Charity registration number

Address

Percentage payable to beneficiary

%

Total of all percentages in section 4

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## 5 Alternative beneficiaries

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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

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

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Name

Relationship to client

Address

Date of birth

Percentage payable to beneficiary

%

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## 5 Alternative beneficiaries (continued)

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### 5.1 Individuals (continued)

Name  
Relationship to client  
Address

Date of birth

Percentage payable to beneficiary

%

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Name  
Relationship to client  
Address

Date of birth

Percentage payable to beneficiary

%

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### 5.2 Trust

Name of trust  
Name of trustees  
Address where trust is held

Date of trust

Percentage payable to beneficiary

%

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### 5.3 Charity

Name of Charity  
Charity registration number  
Address

Percentage payable to beneficiary

%

Total of all percentages in section 5

100%

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## 6 Declaration & signature

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- 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

For literature in alternative formats, such as Braille, large print, audio or E-text, please call us on 0370 414 7000, or via the Typetalk service on 18001 0370 414 7000.

Curtis Banks Limited, 3 Temple Quay, Bristol, BS1 6DZ	Curtis Banks, 153 Princes Street, Ipswich, IP1 1QJ
T 0370 414 7000	T 0370 414 7000
F 0370 414 7000	F 0370 414 8000
curtisbanks.co.uk	

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

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