

Expression of wish form

Complete this form to let us know who you'd like to receive any benefit payable under the scheme when you die. If you'd like to list more than four people, please copy this form and enter their details.

This expression of wish doesn't bind the trustee of the scheme but will help the trustee to pay out benefits in line with your wishes. Wealthtime Select may be obliged to make payments other than to individuals of your choosing. You can alter it at any time by writing to us or completing a new form.

I wish to have my spouse/civil partner as my sole beneficiary. However, should he/she predecease me, I wish for the benefits to be distributed to the following beneficiaries in the proportions indicated.

My spouse/civil partner is not to be my named sole beneficiary. Please distribute to the following beneficiaries in the proportions indicated. By naming an individual, they'll be able to choose either the lump sum option or (as a nominee or dependant) a pension or annuity (or a combination of the three options).

If this form does not allow you to specify your wishes, then a separate independently written expression of wish is perfectly acceptable as long as it's clear and unambiguous.

Beneficiary details

First name(s)	<input type="text"/>	First name(s)	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>
Residential address	<input type="text"/>	Residential address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Percentage of benefit (%)	<input type="text"/>	Percentage of benefit (%)	<input type="text"/>

First name(s)	<input type="text"/>	First name(s)	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>
Residential address	<input type="text"/>	Residential address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Percentage of benefit (%)	<input type="text"/>	Percentage of benefit (%)	<input type="text"/>

By naming an individual, they'll be able to choose either the lump sum option or, as nominee or dependant, a pension or annuity (or a combination of the three options).

Charity nomination

Please provide details of any funds you'd like to be paid to charity.

Charity name	<input type="text"/>	Address of charity	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Registration no. (if known)	<input type="text"/>		<input type="text"/>
Percentage of benefit (%)	<input type="text"/>		<input type="text"/>
Please note: Any chosen charity must be a UK-registered charity.		Postcode	<input type="text"/>

Trust nomination

Name of trust	<input type="text"/>	Date of trust (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	Address where trust is held	<input type="text"/>
Name of trustees	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>

Please note:

- In the event of death, we'll need written confirmation from the above-named trustee(s) confirming that the trust is a valid trust, as defined in the scheme rules.
- Payment to the trust will be made at our discretion in accordance with the scheme rules.
- We aren't a trust expert and can't be held responsible for making sure a trust fulfils its purpose.

Declaration

I understand that, where I've included information about another person, Wealthtime will assume I have:

- got their consent to disclose their information.
- let them know why their information will be used.

Your signature	<input type="text"/>	Client number	<input type="text"/>
Full name	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you require this document in an alternative format please contact us.

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