

SIPP Expression of Wish Form

Complete this form to let us know who you'd like to receive any death benefits payable from your Wealthtime SIPP. If you'd like to list more than four people, please use an additional SIPP Expression of Wish Form, found at wealthtime.com.

This expression of wish doesn't bind the trustee of the scheme. However, the trustee will take your wishes into account when they make their discretionary death benefit decision. You can alter your expression of wish it at any time by writing to us or completing a new form.

If you are sending this form by post, please complete in CAPITAL LETTERS using black ink and return to: Wealthtime Classic, PO Box 2468, SALISBURY, SP2 2UH.

I wish to have my spouse/civil partner as my sole beneficiary. However, should they die before 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 drawdown pension or annuity (or a combination of the 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"/>

Charity nomination

Please provide details of any benefits you'd like to be paid to a UK 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"/>	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"/>

Declaration

I understand that, where I've included information about another person, Wealthtime Classic 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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