

Expression of wishes



What is this form for?

If you die before you've taken all your benefits from this policy, they can be paid to someone else. You can use this form to tell us who you'd like to receive a lump sum payment on your death although this won't be binding on us.

We'll treat your nomination as an indication of who, at the time of the nomination, you wished us to take into account when deciding who should receive any lump sum payment.

You should make sure that any nomination you make is regularly reviewed, especially if your personal circumstances change. This is particularly important if someone you've nominated dies before you, or if your relationship with the nominee changes (for example, if you divorce or dissolve your civil partnership).

Please complete in BLOCK CAPITALS.

Scheme details (if applicable)

Scheme name

Scheme number

Your details

Title Mr/ Mrs/ Miss/ Ms/ Dr/ Other

First name(s)

Surname

Address:

House name (if applicable) House/flat number

Street/road name

Town/city

County UK postcode

Policy number (if applicable)

If you haven't got a policy number yet, please fill in your National Insurance number and your date of birth below.

National Insurance number

Date of birth Day Month Year

Details of your nominee(s)

Full name:

Address:

House name (if applicable)

House/flat number

Street/road name

Town/city

County

UK postcode

Relationship to you (if any):

Percentage of your
pension fund to be paid
to this nominee:

%

(please use whole numbers only)

Full name:

Address:

House name (if applicable)

House/flat number

Street/road name

Town/city

County

UK postcode

Relationship to you (if any):

Percentage of your
pension fund to be paid
to this nominee:

%

(please use whole numbers only)

Full name:

Address:

House name (if applicable)

House/flat number

Street/road name

Town/city

County

UK postcode

Relationship to you (if any):

Percentage of your
pension fund to be paid
to this nominee:

%

(please use whole numbers only)

Declaration

I wish the above to be considered as possible recipients of any lump sum payable on my death. This replaces any previous expression of wishes signed by me.

Signature

Date

Once you have completed this form, please send it back to us at:

Aviva, PO Box 520, Norwich NR1 3WG.

Important notes

- When you state what proportion of the benefit you'd like each nominee to receive, please make sure that the proportions add up to 100% in total.
- If you want to nominate more than three people, please write their details on a separate piece of paper and attach it to this form.
- Your nomination will be disregarded by us:
 - a) in respect of any nominated people, other than trustees, who die before you, or
 - b) if you subsequently make the policy subject to a valid trust, or
 - c) if you send us details of any changes to your nomination in writing.
- If you make a nomination, any lump sum payments may still be included in your estate for inheritance tax purposes. We recommend that you discuss this point with your advisers.
- If you think your benefits may exceed the Lifetime Allowance, you may want to nominate that an income should be payable on your death. If you want to do this, please write to us at the address above.
- This nomination is not a form of trust. If you want to place your policy under trust, we can send you a specimen trust form. If your policy is subject to a valid trust, we'll make payment to the trustees of that trust.
- If you aren't sure how to complete this form, or want to discuss the implications of making your nomination or placing your policy under trust, we recommend that you talk to your advisers.
- Beneficiaries cannot be added to policies where the plan holder is less than 18 years of age.

