

Pension Portfolio Death Benefit Expression of Wishes



If you die before you have taken all of your benefits from your Pension Portfolio, they can be payable to someone else. You can use this form to tell us who you would like to receive your death benefits.

Who can use this form?

- Scheme member
If it's your own pension fund you are the scheme member. If you die before you have taken all of your benefits they can be payable to someone else. If paid to an individual the death benefits can be a lump sum, flexi-access drawdown pension or an annuity.
- Nominee, dependant or successor
If you inherited your pension you are a nominee/dependant/successor and if you die before you have taken all of the benefits they can be payable to someone else. If paid to an individual the death benefits can take the form of a lump sum, flexi-access drawdown pension or an annuity.

When should this form be used?

- If you are a scheme member/nominee/dependant or a successor and you have not made your pension subject to the Aviva Pension Portfolio Trust you can use this form to tell us who you would like to receive your death benefits.
- If you have established a trust separately from your Pension Portfolio (such as a bypass pilot trust) you should complete this form and provide the details of the trustees to whom you would like us to consider paying your death benefits.

When you cannot use this form

- If you have made your Pension Portfolio subject to the Aviva Pension Portfolio Trust you must not complete this form. The exception to this is if you have used the Aviva Pension Portfolio Trust and have subsequently submitted a request to have any death benefits paid as flexi-access drawdown or an annuity. In these circumstances you can use Section 1 to name the individuals you would like to benefit.

Inheritance tax

- To try and ensure your death benefits do not form part of your taxable estate for inheritance tax purposes we must exercise our discretion when deciding who is to benefit. Although we will take your wishes into account in making our decision as to who should receive your death benefit we will not regard them as binding on us. We will treat the information in this form as an indication of who (at the time the form was completed) you wished us to take into account in deciding who should receive your death benefits.

IMPORTANT: PLEASE DO NOT SEND THIS FORM TO US. YOUR ADVISER SHOULD SCAN AND UPLOAD IT ONTO THE PLATFORM.

Your details – Please complete in all cases

Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance No.	<input type="text"/>
Address	
House name and/or number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Your Pension Portfolio account number	<input type="text"/>

and any related account which originates from the Pension Portfolio number shown above.

Section 1 – Beneficiaries

Nomination of beneficiaries

In the event of my death I nominate all of the eligible beneficiaries entitled to benefit from my pension plan after my death as defined in the scheme rules and my pension plan's terms and conditions.

If you would like the beneficiaries named in Part A below to receive death benefits when you die, please indicate the share of all the death benefits you wish them to receive.

If you want them to receive all the death benefits you should insert 100%. If you do not wish them to receive all the death benefits, the percentage you insert below together with the share for any trust (Section 2) and/or charity (Section 3), must add up to 100%.

The share you would like your beneficiaries to receive %

Expression of wish

In Part A please insert names of the beneficiaries you would like us to consider when exercising our discretion as to who should receive your death benefits.

Part A

Beneficiaries' full name(s) and address(es)	Relationship to you	Share
		%
		%
		%
		%

100%

Part B – Optional

In Part B please provide any additional information you would like us to consider when we are exercising our discretion as to who should receive your death benefits. For example your revised wishes if a beneficiary named in Part A was to die before you.

Section 2 – Existing trust

If you would like an existing Trust (such as a pilot bypass trust) to receive lump sum death benefits when you die please insert the percentage share you would like the Trust to receive and the details below.

The share you would like the Trust to receive %

Details of trust:

Name of trust (if any)

Date trust created Day Month Year

Please insert the names and addresses of all the individual trustees/corporate trustee as appropriate*

Trustee 1/Corporate Trustee*

Trustee 2

Trustee 3

Trustee 4

Section 3 – Charity

If you would like a charity to receive lump sum death benefits when you die please insert the percentage share you would like the charity to receive and the details below.

The share you would like the charity to receive

 %

Details of charity:

Name of charity

Registered number

Contact address

If you wish another charity to benefit please complete their details separately and attach to this form.

Section 4 – Important notes

Before signing below please ensure that the proportion of the benefit that you would like your beneficiaries to receive as detailed in Sections 1 to 3 above equals 100%.

Although we will take your wishes into account in making our decision as to who should receive your death benefit we will not regard it as binding on us. We will treat the information in this form as an indication of who (at the time the form was completed) you wished us to take into account in deciding who should receive your death benefits.

Your expression of wish will be disregarded by us:

- In respect of any named person(s) other than trustees, who die(s) before you, or
- In respect of any named person who you are subsequently divorced from, or
- in respect of a named civil partner when the civil partnership is dissolved, or
- If you subsequently place the death benefits under a valid trust.

This nomination is not a form of trust.

If you are unsure how to complete this nomination, or wish to discuss the implications of making your nomination or placing the death benefits under trust, we recommend that you refer to your professional advisers.

We recommend that you regularly review your expression of wishes in light of any changes in your personal circumstances. This is particularly important if someone you would like to benefit dies before you, or your relationship to them changes.

I confirm that I have read and agreed the above Important Notes.

I understand that I can cancel or change this expression of wish at any time and this replaces any previous expression of wishes signed by me.

Print name

Signature

Date

Day Month Year

Personal Information

We collect and use your and your beneficiaries' Personal Information as part of this nomination process. When providing Personal Information about your beneficiaries, please make sure they have given you permission to do so. We will process all Personal Information according to the Privacy Policy so please encourage them to read it if they want to find out more. A copy of the Privacy Policy can be found at aviva.co.uk/privacypolicy or request a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

Next steps

PLEASE DO NOT RETURN THIS FORM TO AVIVA. Your adviser should scan and upload a copy of it onto the platform. We will not action paper copies of this form.

| Retirement | Investments | Insurance | Health |

Aviva Pension Trustees UK Limited. Registered in England No. 2407799. Aviva, Wellington Row, York, YO90 1WR. Authorised and regulated by the Financial Conduct Authority. Firm reference number 465132

aviva.co.uk

LF40045 04/2022 © Aviva plc

