

# Expression of Wishes Form

## For the Guaranteed Fixed Term Income Plan

### **You can use this form to tell us who you would like to receive death benefits.**

We understand how important your wishes are. Your wishes will be taken into consideration when deciding who should receive your death benefit, although they are not legally binding.

This form records your chosen beneficiaries as of the date it was completed. If your wishes change, you can submit a new form at any time.

### **We won't take your expression of wishes into account for the following reasons:**

- If any named person(s) other than trustees, die before you.
- If any named person is subsequently divorced from you.
- If any is a named civil partner after the civil partnership has dissolved.
- If you've informed us of any changes to your expression of wishes.

This expression of wishes is not a form of trust.

### **We recommend that you refer to your legal or financial advisers if you need:**

- Help to complete this form.
- To discuss the implications of making your nomination.

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

We'll assume you've let anyone you've named on this form know that you've shared their details with Aviva.

### **Completing this form - Please complete in block capitals.**

1. Provide details of who you wish to benefit. There are three sections to choose from:

**a. Section 1 - Individual beneficiaries**

**b. Section 2 - Trustees of an existing trust**

**c. Section 3 - Charity**

2. When stating the percentage of your death benefit to be paid to your beneficiaries, please use whole numbers which add up to and don't exceed 100%.
3. If you don't have a policy number please tell us your National Insurance number and date of birth.
4. On the last page please print your name, sign and date the form.
5. Once you've completed this form, please send it back to us at:

**Aviva, PO Box 520, Norwich NR1 3WG.**

## Your personal details

Title	<input type="text"/>								
Forename(s)	<input type="text"/>								
Surname	<input type="text"/>								
Date of birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
National insurance number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Address	<table><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>	<input type="text"/>	<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"/>								
Preferred contact number	<input type="text"/>								
Email address	<input type="text"/>								
Your policy numbers	<input type="text"/>								

## Section 1 - Individual beneficiaries

### Beneficiary 1

Title	<input type="text"/>								
Forename(s)	<input type="text"/>								
Surname	<input type="text"/>								
Date of birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Relationship to you	<input type="text"/>								
Address	<table><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>	<input type="text"/>	<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"/>								
Share percentage you would like <b>beneficiary 1</b> to receive	<input type="text"/> %								

**\*The total for all beneficiaries must add up to 100%. Please use whole numbers only.**

## Section 1 - Individual beneficiaries *Continued*

### Beneficiary 2

Title	<input type="text"/>								
Forename(s)	<input type="text"/>								
Surname	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Relationship to you	<input type="text"/>								
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Share percentage you would like <b>beneficiary 2</b> to receive	<input type="text"/> %								

### Beneficiary 3

Title	<input type="text"/>								
Forename(s)	<input type="text"/>								
Surname	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Relationship to you	<input type="text"/>								
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Share percentage you would like <b>beneficiary 3</b> to receive	<input type="text"/> %								

## Section 1 - Individual beneficiaries *Continued*

### Beneficiary 4

Title	<input type="text"/>								
Forename(s)	<input type="text"/>								
Surname	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Relationship to you	<input type="text"/>								
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Share percentage you would like <b>beneficiary 4</b> to receive	<input type="text"/> %								

**If you have more than four beneficiaries, please complete their details separately and attach to this form.**

## Section 2 - Existing Trust

If you'd like an existing trust to receive death benefits when you die, please provide details of all the appointed trustees, and the percentage share you'd like the trust to receive.

### Details of Trust

Name of trust (if any)	<input type="text"/>								
Date trust created	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
The share you would like <b>the trust</b> to receive	<input type="text"/> %								

### Trustee 1

Name of trustee	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

### Trustee 2

Name of trustee	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

## Section 2 - Existing Trust *Continued*

### Trustee 3

Name of trustee

Address

  
  
  

Postcode

### Trustee 4

Name of trustee

Address

  
  
  

Postcode

**If you have more than four trustees, please complete their details separately and attach to this form.**

## Section 3 - Charity

If you'd like a charity to receive death benefits when you die, please provide the following details, including the share you'd like the charity to receive.

### Details of Charity

Name of charity

Registered Number

Address

  
  
  

Postcode

Share percentage you would like **the charity** to receive

 %

## Your personal information

We collect and use your personal information as part of this nomination process. If you would like more information about how we use and process personal information and your rights in relation to it, you can find further detail in our full privacy policy at [aviva.co.uk/privacy policy](https://aviva.co.uk/privacy-policy) or request a copy by writing to us at:

**The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.**

### Signature

Print name

Signature

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---