

Expression of wishes - Pension Annuities (including Enhanced Pension Annuities)

What is this form for?

If you've selected value protection on your policy, and your terms and conditions allow you to nominate a beneficiary, you can use this form to tell us who you would like to receive these death benefits.

We'll take your wishes into account when deciding who should receive your death benefit. However, these wishes are not binding on us.

We'll treat the information in this form as an indication of who, at the time you completed the form, you wished to receive your death benefits.

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, or
- if any named person is subsequently divorced from you, or
- if any is a named civil partner after the civil partnership has dissolved, or
- 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, or
- to discuss the implications of making your nomination.

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.

We assume you'll tell anyone you name on this form that you've given their name to Aviva for this purpose.

Completing this form

Please provide details of who you wish to benefit. There are three sections to choose from:

Section 1 – Individual beneficiaries

Section 2 – Trustees of an existing trust

Section 3 – Charity

When stating the percentage of your value protection death benefit to be paid to your beneficiaries, please use whole numbers which add up to and don't exceed 100%.

Please complete in block capitals.

If you don't have a policy number please tell us your National Insurance number and date of birth.

On the last page please print your name, sign and date the form.

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

Aviva, PO Box 520, Norwich NR1 3WG.

Please complete in block capitals.

Your details

Title	<input type="text"/>		
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
National Insurance number	<input type="text"/>		
Date of birth	<input type="text"/>		
Address			
House name (if applicable)	<input type="text"/>	House/flat number	<input type="text"/>
Street/road name	<input type="text"/>		
Town/city	<input type="text"/>		
County	<input type="text"/>		
Phone number	<input type="text"/>		
Email	<input type="text"/>		
Your policy number(s)	<input type="text"/>		

Section 1 Individual beneficiaries

Beneficiary 1

Title	<input type="text"/>		
Full first name	<input type="text"/>		
Full surname	<input type="text"/>		
Date of birth	<input type="text"/>		
Relationship to you	<input type="text"/>		
Address			
House name (if applicable)	<input type="text"/>	House/flat number	<input type="text"/>
Street/road name	<input type="text"/>		
Town/city	<input type="text"/>		
County	<input type="text"/>		
Share you would like beneficiary 1 to receive	<input type="text"/>	%	(The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

Beneficiary 2

Title	<input type="text"/>
Full first name	<input type="text"/>
Full surname	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Relationship to you	<input type="text"/>
Address	
House name (if applicable)	<input type="text"/>
House/flat number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
UK postcode	<input type="text"/>
Share you would like beneficiary 2 to receive	<input type="text" value=""/> % (The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

Beneficiary 3

Title	<input type="text"/>
Full first name	<input type="text"/>
Full surname	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Relationship to you	<input type="text"/>
Address	
House name (if applicable)	<input type="text"/>
House/flat number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
UK postcode	<input type="text"/>
Share you would like beneficiary 3 to receive	<input type="text" value=""/> % (The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

Beneficiary 4

Title	<input type="text"/>
Full first name	<input type="text"/>
Full surname	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Relationship to you	<input type="text"/>
Address	
House name (if applicable)	<input type="text"/>
House/flat number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
UK postcode	<input type="text"/>
Share you would like beneficiary 4 to receive	<input type="text" value=""/> % (The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

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 insert 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	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
The share you would like the trust to receive	<input type="text" value=""/> % (The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

Name of trustee	<input type="text"/>
Address	
House name (if applicable)	<input type="text"/>
House/flat number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
UK postcode	<input type="text"/>

Name of trustee	<input type="text"/>
Address	
House name (if applicable)	<input type="text"/>
House/flat number	<input type="text"/>
Street/road name	<input type="text"/>
Town/city	<input type="text"/>
County	<input type="text"/>
UK postcode	<input type="text"/>

Name of trustee	<input type="text"/>	
Address		
House name (if applicable)	<input type="text"/>	House/flat number <input type="text"/>
Street/road name	<input type="text"/>	
Town/city	<input type="text"/>	
County	<input type="text"/> UK postcode	

Name of trustee	<input type="text"/>	
Address		
House name (if applicable)	<input type="text"/>	House/flat number <input type="text"/>
Street/road name	<input type="text"/>	
Town/city	<input type="text"/>	
County	<input type="text"/> UK postcode	

If there are more than four trustees, please complete their details separately and attach to this form.

Section 3 Charity

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

Name of charity	<input type="text"/>	
Registered Number	<input type="text"/>	
Address		
House name (if applicable)	<input type="text"/>	House/flat number <input type="text"/>
Street/road name	<input type="text"/>	
Town/city	<input type="text"/>	
County	<input type="text"/> UK postcode	
Share you would like the charity to receive	<input type="text"/> %	(The total for all beneficiaries must add up to 100%. Please use whole numbers only eg 34, 33, 32)

If there's more than one charity you'd like to nominate, please provide their details on a separate sheet and attach to this form.

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://www.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

D	D	M	M	Y	Y	Y	Y
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