

Expression of wishes - stakeholder and personal pensions

What is this form for?

You can use this form to tell us who you'd like to receive your death benefits.

If you die before you've taken your pension benefits, it may be possible to have them paid to a beneficiary.

These wishes are not binding on us. For more information, please read important notes below.

Please don't complete this form, if you've made your pension death benefits subject to a valid trust. In this instance, any lump sum death benefit will be paid directly to the trustees of that trust.

Beneficiaries cannot be added to policies where the policyholder is less than 18 years of age.

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.

To ensure your death benefits don't form part of your taxable estate for inheritance tax purposes, Aviva must exercise our discretion when deciding who is to benefit.

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 pension fund 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 or scheme details **for your company pension**, 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 have 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

First name(s)

Surname

National Insurance number

Date of birth Day Month Year

Address:

House name (if applicable) House/flat number

Street/road name

Town/city

County UK postcode

Telephone number

email

Your policy number(s)

Scheme details (if applicable)

Your scheme name

Your scheme number

Section 1 Individual beneficiaries

Beneficiary 1

Title	<input type="text"/>
Full first name	<input type="text"/>
Full 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"/>
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
Share you would like beneficiary 1 to receive	<input type="text"/> % (The total for all beneficiaries must add up to 100% and decimal points will not be accepted)

Beneficiary 2

Title	<input type="text"/>
Full first name	<input type="text"/>
Full 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"/>
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
Share you would like beneficiary 2 to receive	<input type="text"/> % (please use whole numbers only e.g 34,33,33)

Beneficiary 3

Title	<input type="text"/>
Full first name	<input type="text"/>
Full 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"/>
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
Share you would like beneficiary 3 to receive	<input type="text"/> % (please use whole numbers only e.g 34,33,33)

Beneficiary 4

Title	<input type="text"/>
Full first name	<input type="text"/>
Full 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"/>
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
Share you would like beneficiary 4 to receive	<input type="text"/> % (please use whole numbers only e.g 34,33,33)

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"/>
The share you would like the trust to receive	<input type="text"/> % (please use whole numbers only)

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

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"/> %	(please use whole numbers only)

If you have more than one charity you would like to nominate, please provide their details on a separate sheet and attach to this form.

Important Notes

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 the form was completed, 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 subsequently make this policy subject to a valid trust, or
- If you've informed us of any changes to your expression of wishes.

This expression of wishes is not a form of trust.

If you need:

- help to complete this form, or
- to discuss the implications of making your nomination, or
- to discuss placing your death benefits under trust,

we recommend that you refer to your legal or financial 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.

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

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