

**Nomination of Beneficiaries**  
**Expression of Wish**

A form is not required in order for clients to provide us with details.

Should you wish to update the information we hold in respect of your nomination of beneficiaries we will accept written confirmation that is signed and dated.

Please see below for a guide as to the content we require.

Alternatively you could use this as a template to complete and return to us

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Lump sum amount: £ \_\_\_\_\_

% of value of fund: \_\_\_\_\_ %

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**The Expression of Wish is not a binding contract but will allow the SIPP administrators to consider who to make payments of any death benefit to.**

**The Expression of Wish can be changed at any point by providing new details in writing**