

iPensions Group Limited SIPP

Expression of Wishes and Nomination Form

You should complete this form in order to outline who you wish to receive death benefits from your SIPP in the event of your death.

The nomination ensures that the widest range of people are eligible to receive benefits.

If you require additional assistance, or require any advice, regarding making nominations and / or an expression of wish, you should consult your financial adviser or other appropriately qualified professional. Please note, iPensions Group is not authorised to provide advice regarding this matter.

01. Member / Applicant Details

Surname	Forename(s)	Date of Birth (DD/MM/YYYY)
SIPP		

02. Nomination and expression of wishes

Please take this as my request to amend the potential recipients of any benefits that are payable, at your discretion, on my death while a member of the Scheme. This form shall supersede any previous instructions and I understand that, in exercising any discretion, the Scheme Administrator will not be formally bound by my wishes, however will take my instructions into full consideration.

Nomination

In the event of my death, I nominate all individuals who are eligible as defined in the scheme trust deed and rules (known in this document as Eligible Benefits Recipients) as the persons to whom you should consider allocating death benefits to from the SIPP.

Expression of wishes

In the event of my death, my wishes are that you consider allocating any death benefits from the SIPP to my Eligible Benefits Recipients as follows:

<input type="checkbox"/> Individual	Full Name 1	% of Benefits
<input type="checkbox"/> Trust		
Relationship	Date of Birth (DD/MM/YYYY)	
Email Address	Contact Number	

<input type="checkbox"/> Individual	Full Name 2	% of Benefits
<input type="checkbox"/> Trust		
Relationship	Date of Birth (DD/MM/YYYY)	
Email Address	Contact Number	

02. Nomination and expression of wishes (continued)

<input type="checkbox"/> Individual	Full Name 3	% of Benefits
<input type="checkbox"/> Trust		
Relationship	Date of Birth (DD/MM/YYYY)	
Email Address	Contact Number	

<input type="checkbox"/> Individual	Full Name 4	% of Benefits
<input type="checkbox"/> Trust		
Relationship	Date of Birth (DD/MM/YYYY)	
Email Address	Contact Number	

<input type="checkbox"/> Individual	Full Name 5	% of Benefits
<input type="checkbox"/> Trust		
Relationship	Date of Birth (DD/MM/YYYY)	
Email Address	Contact Number	

Important: Please ensure the total % equals exactly 100%, as not doing so may have a significant impact on the distribution and payment of death benefits from your SIPP in the event of your death.

If you wish to provide any additional information regarding your wishes, please enter this in the box below.

Notes:

If you wish to nominate more than five individuals, please continue on a separate page.

If you are nominating a trust to receive the death benefits payable from your SIPP, please provide full details in the 'Full Name' section – for example, 'The Trustees of the <trust name> Trust, established on <date>'.

Separate sheet attached with further details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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You may amend your wishes at any time by completing a new Expression of Wishes and Nomination Form.

Applicant's Name	Applicant's Signature
Date (DD/MM/YYYY)	

03. Frequently asked questions

Why do I need to complete an Expression of Wishes and Nomination Form?

The benefits held in your SIPP can be passed on to others after your death.

Payment of death benefits is made at the discretion of the Scheme Administrator, iPensions Group.

By completing this Expression of Wishes and Nomination Form, you help the Scheme Administrator determine who you would like to pass those funds on to after your death.

Why can I only provide an Expression of Wishes and not a binding instruction?

We do not accept binding instructions as this would risk exposing the benefits held within your SIPP to Inheritance Tax.

Where death benefits are distributed at the discretion of the Scheme Administrator, the possibility that Inheritance Tax will be applied is greatly reduced.

I have already outlined my intentions for the distribution of my assets after death in my Will and/ or other documentation. Do I still need to complete this form?

The Scheme Administrator always requires a copy of the Will (plus any other relevant documentation) to be provided in the event of a member's death prior to determining the designation of benefits to the beneficiaries.

We ask that our Expression of Wishes and Nomination Form be completed in addition, however, so that we hold readily accessible documentation on file that outlines your intentions.

Can I change my Expression of Wishes and Nomination if my circumstances change?

Yes. We encourage your Expression of Wishes and Nomination to be reviewed on a regular basis and changes can be made at any time by completing a new Expression of Wishes and Nomination Form.

Where should I return the form?

Once you have completed and signed this form, please return the original to:

iPensions Group Limited
2nd Floor,
Marshall House,
2 Park Avenue,
Sale,
M33 6HE

The information shown above is based on our understanding of HMRC guidance. Tax rules may change in the future and tax treatment does depend on your personal circumstances. If you require further assistance regarding this matter, please contact your financial adviser.