••• wealthtime classic

SIPP Expression of Wish Form

Complete this form to let us know who you'd like to receive any death benefits payable from your Wealthtime SIPP. If you'd like to list more than four people, please use an additional SIPP Expression of Wish Form, found at wealthtime.com.

This expression of wish doesn't bind the trustee of the scheme. However, the trustee will take your wishes into account when they make their discretionary death benefit decision. You can alter your expression of wish it at any time by writing to us or completing a new form.



I wish to have my spouse/civil partner as my sole beneficiary. However, should they die before me, I wish for the benefits to be distributed to the following beneficiaries in the proportions indicated.



My spouse/civil partner is not to be my named sole beneficiary. Please distribute to the following beneficiaries in the proportions indicated. By naming an individual, they'll be able to choose either the lump sum option or (as a nominee or dependant) a drawdown pension or annuity (or a combination of the options).

If this form does not allow you to specify your wishes, then a separate independently written expression of wish is perfectly acceptable as long as it's clear and unambiguous.

Beneficiary details

First name(s)	First name(s)	
Last name	Last name	
Date of birth (dd/mm/yyyy)	Date of birth (dd/mm/yyyy)	
Residential address	Residential address	
Postcode	Postcode	
Relationship	Relationship	
Percentage of benefit (%)	Percentage of benefit (%)	



First name(s)	First name(s)	
Last name	Last name	
Date of birth (dd/mm/yyyy)	Date of birth (dd/mm/yyyy)	
Residential address	Residential address	
Postcode	Postcode	
Relationship	Relationship	
Percentage of benefit (%)	Percentage of benefit (%)	

Charity nomination

Please provide details of any benefits you'd like to be paid to a UK charity.

Charity name	Address of charity	
Registration no. (if known)		
Percentage of benefit (%)	Postcode	



Trust nomination

Name of trust	Date of trust (dd/mm/уууу)	
	Address where trust is held	
Name of trustees		
	Postcode	

Declaration

I understand that, where I've included information about another person, Wealthtime Classic will assume I have:

- Got their consent to disclose their information.
- Let them know why their information will be used.

Your signature	Client number				
Full name	Date (dd/mm/yyyy)				

If you require this document in an alternative format please contact us.

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