InvestAcc Platinum

Self-Invested Personal Pension

Platinum SIPP

Nomination of Beneficiaries

www.investaccplatinum.co.uk

Nomination of Beneficiaries

for SIPP arrangements

Please read this form and the notes carefully

If you have any questions about the completion of this form, please contact the Platinum SIPP team on 0345 25 05 609 or by email on platinumsipp@investacc.co.uk

Sending us your completed form

The completed and signed application should be sent by email to platinumsipp@investacc.co.uk or to InvestAcc Platinum, 5th Floor, 4 Exchange Quay, Salford Quays, Manchester, M5 3EE or delivered in person during office hours.

Emailed forms must be high quality scans (not photographs).

Digital signatures or electronic signatures

You may be able to complete this form and sign it without the need to print it out, if you have the free Adobe Acrobat Reader with the 'fill and sign' option, which allows you to add a signature. Note that this must clearly be your actual signature, not a handwriting font or similar. We reserve the right to refuse forms or to ask for evidence of signature, such as that on a driving license or passport, or to obtain a traditional wet signature.

We may also accept forms signed using DocuSign or Adobe Sign, but only where an FCA regulated financial advice firm has one of these systems and provides the completed documents, accompanied by the DocuSign Certificate of Completion or Adobe Final Audit Report.

You can use this form to tell us who you would like to receive pension benefits, in the event of your death.
If no nomination is made, then the trustees will decide for you.

Nominations are not binding on us, although we will take them into account when we make our decision.

As your circumstances change you should ensure that you update your nominations regularly.

Note that we will only consider nominations that we have received, you should ask us to confirm that we have received your nomination.

Contents

3 - 6 **Individual nominated beneficiaries and alternative beneficiaries**
You can name up to four beneficiaries using this form, and up to three alternative beneficiaries for each of these individuals.

7 **Charity Lump Sum**
You may nominate a charity, or multiple charities, to receive your payment.

8 **Discretionary trust**
Instead of nominated individual beneficiaries, you may nominate the trustees of a suitable trust, established for the purpose of receiving the death benefits. In this case, you should seek legal advice regarding the establishment or suitability of your trust.

9 **Bespoke nomination of beneficiaries**
If pages 3 to 8 do not allow you to reflect your preferred nominations, you may use the space on page 9 to indicate your specific wishes. Please remember that this will be considered after you die, and so you need to ensure that you use language which clearly describes your intentions. You may wish to seek the advice of a solicitor if you are unsure about the words to use.

BENEFICIARY 1

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

If Beneficiary 1 was to die before we have designated death benefits, would you like to nominate an alternative to Beneficiary 1?
If so, please indicate as follows:

First alternative to Beneficiary 1 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 1 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 1 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

BENEFICIARY 2

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

If Beneficiary 2 was to die before we have designated death benefits, would you like to nominate an alternative to Beneficiary 2?
If so, please indicate as follows:

First alternative to Beneficiary 2 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 2 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 2 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

BENEFICIARY 3

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

If Beneficiary 3 was to die before we have designated death benefits, would you like to nominate an alternative to Beneficiary 3?
If so, please indicate as follows:

First alternative to Beneficiary 3 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 3 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 3 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

BENEFICIARY 4

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

If Beneficiary 4 was to die before we have designated death benefits, would you like to nominate an alternative to Beneficiary 4?
If so, please indicate as follows:

First alternative to Beneficiary 4 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 4 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

First alternative to Beneficiary 4 (optional):

Name	
Address	
	Postcode
Relationship to you	

Percentage of death benefits	%

Charity Lump Sum

Please pay the following proportion of my pension fund as a lump sum to the Charity(ies) named below.

Name of Charity	
Charity registration number	
Charity address	
	Postcode

Percentage of death benefits	%

Name of Charity	
Charity registration number	
Charity address	
	Postcode

Percentage of death benefits	%

Name of Charity	
Charity registration number	
Charity address	
	Postcode

Percentage of death benefits	%

Trustees of a trust

Please pay the following proportion of my SIPP pension benefits as a lump sum to the trust named below.
Remember to send us a certified copy of the trust document.

Name of trust	
Date created	
Trustee name 1	
Trustee name 2	
Trustee name 3	
Trustee name 4	
Correspondence address for trustees	
	Postcode

Percentage of death benefits	%

Bespoke nomination of beneficiaries

Please use the following section to tell us who you are nominating, and in what proportions, if you have not indicated this elsewhere on this form. This section allows you to show a more tailored nomination, such as more than four individual beneficiaries, or more than three alternative beneficiaries. When indicating nominations, please remember to use full names, current address and to tell us their relationship to you (such as brother, daughter, friend etc.).

Declaration

I wish the trustees to consider payments of any death benefits to the beneficiaries and in the proportions set out above.
I understand that this nomination is only an expression of my wishes, and the trustees will have absolute discretion as to beneficiaries and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.
I understand that I may change this nomination at any time and completion of beneficiary details above is not binding.

I understand that InvestAcc Pension Administration Limited will assume that where I have disclosed information about another person, I have obtained their consent to disclose such information and informed them of the purposes for which their information will be processed.

This nomination shall replace entirely any previous nomination made by me under the scheme name and membership number below.

Member number	
Member name	
Signature	Date

InvestAcc Platinum

InvestAcc Platinum
5th Floor, 4 Exchange Quay
Salford Quays
Manchester
M5 3EE

0345 25 05 609
platinumsipp@investacc.co.uk

www.investaccplatinum.co.uk

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