# SIPP

#### NOMINATION OF DEATH BENEFICIARIES



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Please complete this form if you wish to request that any of your pension fund remaining on your death is payable to one or more persons.

#### Personal Details

|                                      | (Mr/Mrs/Miss/Ms/Other) |  |                   |  |  |  |  |  |
|--------------------------------------|------------------------|--|-------------------|--|--|--|--|--|
| Title:                               |                        |  |                   |  |  |  |  |  |
| Forename/s:                          |                        |  |                   |  |  |  |  |  |
| Middle Name(s):                      |                        |  |                   |  |  |  |  |  |
| Surname:                             |                        |  |                   |  |  |  |  |  |
| Member Number:                       |                        |  |                   |  |  |  |  |  |
|                                      |                        |  | Town:             |  |  |  |  |  |
| Permanent<br>Residential<br>Address: |                        |  | County:           |  |  |  |  |  |
| Address.                             |                        |  | Postcode/Country: |  |  |  |  |  |
| National Insurance<br>Number:        |                        |  |                   |  |  |  |  |  |
| Contact Tel Number:                  |                        |  |                   |  |  |  |  |  |
| Email Address:                       |                        |  |                   |  |  |  |  |  |

In the table on page 2 please state each person's name and address in the first column and the desired percentage or proportion of your available fund in the fourth column. This nomination can be changed by submitting a replacement nomination form to us at any time.

If you wish benefits to be paid to children under age 18, it may be advisable for benefits to be paid from the Scheme into a trust for their benefit. You should discuss the establishment of a trust with your solicitor and enter the details of the trust in the table on page 2.

The security and safety of your data is very important to London & Colonial. A copy of the London & Colonial Privacy Notice can be found on the website: <u>www.londoncolonial.com/privacy-notice</u>

In the event of my death I would like any sums payable under the Scheme to be paid to the following person or persons in the manner shown in the table on page 2.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

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| Full name and address of beneficiary<br>(if under age 18, please input trust details) |  | Date of birth | Date of birth Contact number and/or email |  |
|---|--|---------------|---|--|
| 1   |  |               |   |  |
| 2   |  |               |   |  |
| 3   |  |               |   |  |
| 4   |  |               |   |  |
| 5   |  |               |   |  |
| 6   |  |               |   |  |
| 7   |  |               |   |  |
|   |  |               | Total: (Must add up to 100%):             |  |

| Signature |  | Date: | Day | Month | Year |
|-----------|--|-------|-----|-------|------|
|           |  |       |     |       |      |

We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

Please return the completed form to:

London & Colonial

c/o Options UK Personal Pensions LLP, Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes, MK4 1GA, United Kingdom



For more information please contact: t: +44 (0)330 124 1505



e: enquiries@optionspensions.co.uk

w: www.londoncolonial.com

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