

# Expression of wishes

This form should be completed to give us the names and addresses of those people you would like to benefit in the event of your death

## 1 Member details

<b>Name</b>	<input type="text"/>
<b>National insurance number:</b>	<input type="text"/>
<b>Member number (in full):</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>Daytime Telephone number:</b>	<input type="text"/>

### Guidance notes

This is the number applicable to your SIPP administered by Talbot and Muir.

## 2 Nominations

I understand that under the provision of the Scheme, any payments due on my death are made at the entire discretion of the Scheme Administrator.

However, in the event of my death, it is my wish that the Scheme Administrator considers making the payment of death benefits to, or for the benefit of, the persons detailed below.

Name and address	Relationship	% of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>		<b>100%</b>

Whilst the Scheme Administrator may take into account this expression of wishes, this request is not binding upon them.

Although the form allows space for three nominations, there is no restriction on the number of people you can nominate.

Please make sure the proportions add up to 100%.

If you wish to choose a person(s) whom you would like to benefit only if your other proposed recipients have died before you, please explain this. (For example: wife 100%, or if she dies before you, parents 50% each).

If you wish any payments to a proposed recipient(s) to be conditional on them surviving you by a relatively short period of time, for example for tax reasons, please explain this and give the name of the other recipients to take their place.

## 3 Member declaration

I consent / do not consent (delete as appropriate) to this Expression of Wishes being made available to the specified beneficiaries detailed above in the event of my death.

I understand that while the Scheme Administrator will bear my wishes in mind when exercising their discretion, the Scheme Administrator is not legally bound by them.

Signed:

Member name:

Date:

**talbotandmuir**

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