



SIPP Expression of Wishes

1. Notes

- This form tells us who you would like to receive benefits from your SIPP when you die. This form should be completed and signed by the SIPP member.**
- If you have any questions about the completion of this form, please contact us at sipp@whitehallgroup.co.uk or telephone 03302 232300.
- Please return the completed form to us at our address below. Email copies are accepted.
- If we have no expression of wishes from you, the Trustees will decide the distribution of benefits on death.
- Your expression of wishes is not binding on us although we will take this into account when we make our decision.

2. Your Details

Title (Mr/Mrs/Miss/Ms/Dr)	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
SIPP Number	<input type="text"/>
Date of Birth	<input type="text"/>
National Insurance Number	<input type="text"/>
Email address	<input type="text"/>
Telephone Number	<input type="text"/>

3. Your Nominated Beneficiaries

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of your fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary 4	Beneficiary 5	Beneficiary 6
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to you		
% of your fund		

Any specific instructions

Note: e.g. more than 6 beneficiaries, beneficiaries if the above pre-decease you, nomination of a Trust.

4. Declarations

1. I wish the trustees to consider payment of any death benefits to the beneficiaries named above in the percentages specified.
2. I understand this is an expression of wishes and the trustees will have absolute discretion as to the beneficiaries and proportion of benefits payable to each.
3. I understand that I can amend my expression of wishes at any time.
4. I have obtained consent from the individuals named above to disclose their personal information.
5. This expression of wishes replaces all previous expressions of wishes made by me in relation to my SIPP detailed above.

5. Member Signature

Your Name	
Your Signature	
Date	

Please Return this form to:

Whitehall Group
8-10 Bolton Street
Ramsbottom
BLO 9HX

Contact Us:

Telephone: 03302 232300

Email: ssas@whitehallgroup.co.uk

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