

Self Invested Personal Pension

SIPP

Nomination of Beneficiaries 

for SIPP arrangements

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 at one of our offices.

Individual Nominated Beneficiaries and Alternative Beneficiaries - pages 2 to 5

You can name up to four beneficiaries using this form, and up to three alternative beneficiaries for each of these individuals.

Discretionary Trust - page 6

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.

Bespoke Nomination of Beneficiaries - page 7

If pages 1 to 6 do not allow you to reflect your preferred nominations, you may use the space on page 7 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 | % |

Second Alternative to Beneficiary 1 (Optional):

| | |
|------------------------------|----------|
| Name | |
| Address | |
| | Postcode |
| Relationship to you | |
| Percentage of death benefits | % |

Third 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 | % |

Second Alternative to Beneficiary 2 (Optional):

| | |
|------------------------------|----------|
| Name | |
| Address | |
| | Postcode |
| Relationship to you | |
| Percentage of death benefits | % |

Third 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 | % |

Second Alternative to Beneficiary 3 (Optional):

| | |
|------------------------------|----------|
| Name | |
| Address | |
| | Postcode |
| Relationship to you | |
| Percentage of death benefits | % |

Third 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 | % |

Second Alternative to Beneficiary 4 (Optional):

| | |
|------------------------------|----------|
| Name | |
| Address | |
| | Postcode |
| Relationship to you | |
| Percentage of death benefits | % |

Third Alternative to Beneficiary 4 (Optional):

| | |
|------------------------------|----------|
| Name | |
| Address | |
| | Postcode |
| Relationship to you | |
| Percentage of death benefits | % |

Trustees of a Trust

Please pay the following proportion of my pension fund 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.

| | |
|--|------|
| Scheme Name (this will either be Minerva SIPP, or the name of your Flexi SIPP scheme): | |
| Member Number | |
| Member Name | |
| Signature | Date |



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