

Expression of Wishes

You should complete this form to tell us who you wish to receive benefits from your SSAS if you die.

If you wish to name more beneficiaries than the spaces allow for, please continue on a separate sheet and attach it to this form.

Please refer to the Terms and Conditions for your SSAS for details of the different ways death benefits may be received.

For Curtis Banks SSAS, please return your completed form to:

Curtis Banks, 3 Temple Quay, Bristol, BS1 6DZ

1 Accessing our services

If you experience difficulties accessing any of our services due to personal circumstances, we may be able to make some adjustments to help you. Please provide us with details of your needs so we can assess any reasonable adjustments that we can make for you.

The information you provide will help us assess your requirements and make any reasonable adjustments to improve how we work and communicate with you.

We will require your consent to process this information, and to enable us to share this data with other third parties where appropriate, e.g. investment firms or advisers, to help us, and others to continue to meet your needs. Please could you kindly provide this below.

I agree to my information being processed by Curtis Banks Group, to include being shared and gathered between relevant third parties.

Please refer to our Privacy Information Notice for Clients, should you require further guidance on how we collect use and protect your personal information. This can be found on our website www.curtisbanks.co.uk or please ask your adviser or us for a copy.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent, please contact the SSAS Team on 0117 332 4051 or ssas.admin@curtisbanks.co.uk.

2 Your details

Name

Scheme name

Plan number(s) / Application ID

(Any sub-plans are
automatically included)

Please tick one of the two options below:

This expression of wishes is to replace any existing expression of wishes that the Scheme Administrator holds on record.

This expression of wishes is to be read in conjunction with the expression of wishes included in my application form.

3 Declaration

Please read the declaration before entering details of beneficiaries.

Declaration

- On my death, I wish the scheme administrator to pay any benefits from my SSAS(s) to the trustees, and in the proportion set out below.
- I accept that this is only an expression of my wishes. I understand that whilst the scheme administrator will pay due consideration to those wishes, they have absolute discretion as to the beneficiary(ies) and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.
- I understand that if the scheme trustees chooses a beneficiary who has not been named in section 3 or 4, drawdown income would normally only be available in limited circumstances. Therefore in addition to the below, in order to allow the trustees to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.
- I understand that I can change the beneficiaries at any time and that the scheme trustees will refer to the last completed form held.

4 Details of beneficiaries

The percentages in this section should add up to 100%.

4.1 Individuals

Name
Address

Date of birth

Percentage payable to beneficiary %

Name
Address

Date of birth

Percentage payable to beneficiary %

Individuals (continued)

Name
Address

Date of birth

Percentage payable to beneficiary %

Name
Address

Date of birth

Percentage payable to beneficiary %

4.2 Trust

Name of trust
Name of trustees

Address where trust is held

Date of trust

Percentage payable to beneficiary %

4.3 Charity

Name of Charity
Address

Percentage payable to beneficiary %

Total of all percentages in section 4 100%

5 Alternative beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in section 3 either:

- die before you; or
- do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in this section should add up to 100%.

5.1 Individuals

Name

Address

Date of birth

Percentage payable to beneficiary

 %

5.1 Individuals (continued)

Name

Address

Date of birth

Percentage payable to beneficiary

 %

Name

Address

Date of birth

Percentage payable to beneficiary

 %

Name

Address

Date of birth

Percentage payable to beneficiary

 %

5.2 Trust

Name of trust

Name of trustees

Address where trust is held

Date of trust

Percentage payable to beneficiary

 %

5 Alternative beneficiaries (continued)

5.3 Charity

Name of Charity
Address

Percentage payable to beneficiary %

Total of all percentages in section 5 100%

6 Declaration & signature

- I declare that this expression of wishes replaces any previous request given by me in connection with the payment of death benefits from the above SSAS(s).

Name of client

Signature of client

Date

Curtis Banks Limited,
3 Temple Quay,
Bristol, BS1 6DZ

T 0370 414 7000
F 0117 929 2514
curtisbanks.co.uk

Call charges will vary. We may record and monitor calls.

If you're contacting us by email, please remember not to send any personal, financial or banking information because email is not a secure method of communication.

Curtis Banks Limited is a company registered in England & Wales (registered number 06758825) and is authorised and regulated by the Financial Conduct Authority (number 492502) with its registered address at Dunn's House, St Paul's Road, Salisbury, SP2 7BF. SSAS EOW 0124.2 January 2024

