

Expression of Wishes

You should complete this form to tell us who you wish to receive benefits from your plan 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 plan for details of the different ways death benefits may be received.

For Your Future SIPP, MasterSIPP, SmartSIPP, SimSIPP and Suffolk Life SIPP, please return your completed form to:

[Curtis Banks, 153 Princes Street, Ipswich, Suffolk, IP1 1QJ](#)

For all other Curtis Banks SIPP products, 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 us on the below:

For Your Future SIPP, MasterSIPP, SmartSIPP, SimSIPP and Suffolk Life SIPP the SIPP Support Team on 0370 414 7000 or sippsupportteam@curtisbanks.co.uk.
For all other Curtis Banks SIPP products the Client Management Team on 0370 414 7000 or cmt@curtisbanks.co.uk.

2 Your details

Name

Scheme name (if applicable)

Plan number(s) / Application ID

(Any sub-plans are automatically included)

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 plan(s) to the beneficiaries, 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 administrator chooses a beneficiary who has not been named in section 4 or 5, drawdown income would normally only be available in limited circumstances. Therefore, in order to allow the scheme administrator 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. This nomination is in addition to those beneficiaries named in section 4 or 5.
- I understand that I can change the beneficiaries at any time and that the scheme administrator 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

%

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/s of the
trustees of the trust
Address where trust is held

Date of trust

Percentage payable to beneficiary

%

4.3 Charity

Name of charity
Charity registration number
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 4 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

 %

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
Charity registration number
Address

Percentage payable to beneficiary %

Total of all percentages in section 5 100%

6 Declaration & signature

- I declare that this expression of wishes is to replace any previous nomination that the Scheme Administrator holds on record.

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

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153 Princes Street,
Ipswich, IP1 1QJ

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F 0370 414 8000

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.

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