

**Expression of Wishes Form**

Use this form to nominate one or more person/entity to receive benefits from your SIPP with YOUR Platform in the event of your death. If you wish to nominate a Trust, please provide full Trust details in the ‘Full Name’ box. For example, *“The N A Scar Trust, established on 18 May 2023”.* If you wish to nominate a Charity, please provide their Registered Charity Number in the same box.

**Your details**

|  |  |
| --- | --- |
| Title  |  |
| Full Name |  |
| YOUR Platform SIPP Account Number |  |

**Nominee 1 details**

|  |  |
| --- | --- |
| Title  |  |
| Full Name |  |
| Individual/Trust/Charity |  |
| Relationship |  |
| Beneficiary Proportion |  |

**Nominee 2 details**

|  |  |
| --- | --- |
| Title  |  |
| Full Name |  |
| Individual/Trust/Charity |  |
| Relationship |  |
| Beneficiary Proportion |   |



**Nominee 3 details**

|  |  |
| --- | --- |
| Title  |  |
| Full Name |  |
| Individual/Trust/Charity |  |
| Relationship |  |
| Beneficiary Proportion |  |

**Nominee 4 details**

|  |  |
| --- | --- |
| Title  |  |
| Full Name |  |
| Individual/Trust/Charity |  |
| Relationship |  |
| Beneficiary Proportion |  |

**Further Details**

If your wishes are not completely portrayed above, please use this box to confirm any additional detailing required. For example, *“If my wife survives me and does not wish to receive payment, I nominate my children, listed below. If my wife does not survive me, I again nominate my children.”*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Client Signature |  |
| Date |  |

Please send this completed form to Questions@YOUR-Platform.co.uk

**Internal Use Only**

Upon receipt of this form, please ensure that any nominee information is added/updated on the platform. Where there is any conflict between forms held and the data online, all available information will be used by the Trustees – it is therefore essential that this form is signed and dated.