

COFUNDS PENSION ACCOUNT EXPRESSION OF WISH FORM

for existing clients

This form is to tell us who you wish to receive benefits from your plan if you die.



Please complete this form and return it to:
**Aegon Cofunds Administration, PO Box 17491,
Edinburgh, EH12 1PB**

Section 1

Client details (please complete this section in full)

Product number

Mr/Mrs/Miss/Ms/Other
- please specify

Full forname(s)

Surname

When completing date fields please use the usual **DD/MM/YYYY** format.



Section 2

Details of Beneficiaries

Please read the declaration in Section 5 before entering details of beneficiaries.

The percentages in Section 2 should add up to 100%.



2A. Individuals

Individual 1

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 2

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 3

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 4

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

2B. Trust

Trust 1

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Trust 2

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Section 2

Details of Beneficiaries – continued

2C. Charity

Charity 1

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

 %

Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

 %

Section 3

Alternative Beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in Section 2A either:

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

The percentages in Section 3 should add up to 100%.

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3A. Individuals

Individual 1

Name

Address

Postcode

Date of birth

 / /

Percentage of fund payable to beneficiary

 %

Individual 2

Name

Address

Postcode

Date of birth

 / /

Percentage of fund payable to beneficiary

 %

Individual 3

Name

Address

Postcode

Date of birth

 / /

Percentage of fund payable to beneficiary

 %

Individual 4

Name

Address

Postcode

Date of birth

 / /

Percentage of fund payable to beneficiary

 %

3B. Trust

Trust 1

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust

 / /

Percentage of fund payable to beneficiary

 %

Trust 2

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust

 / /

Percentage of fund payable to beneficiary

 %

3C. Charity

Charity 1

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

 %

Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

 %

Section 4

Adviser/Intermediary Details (for adviser/intermediary use only)

Intermediary name

Firm name

Section 5

Client Declaration

Please read the declaration before entering details of beneficiaries.

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.

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(es) and to the proportions 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 sections 2A or 3A, drawdown income would normally only be available in limited circumstances. Therefore, in addition to the above named beneficiaries, in order to allow the 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.

I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

Client Name

Client Signature

Date

/

/

The Cofunds Pension Account is provided by Suffolk Life Pensions Limited (Suffolk Life) 153 Princes Street, Ipswich, Suffolk IP1 1QJ. Registered in England and Wales number 1180742. Suffolk Life is authorised and regulated by the Financial Conduct Authority (FCA). FCA registration number 116298.

All assets held in the Cofunds Pension Account are legally owned by Suffolk Life Trustees Limited and are held on the Aegon Platform provided by Cofunds Limited (Cofunds). Registered address: Level 43, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AB. Registered in England and Wales No. 3965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

COF381163 05/18