

Expression of wish form – Retiready pensions

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio CD version of this document, please contact us on 03456 100 072 (call charges will vary) or visit aegon.co.uk/support

About this form

Use this form to tell us who you'd like to benefit from your funds on your death in relation to all uncrystallised pension savings held now or in the future under a Retiready pension.

- Any expression of wish you make in this form in relation to a Retiready pension will replace any existing Retiready pension expression of wish that you've previously given us.
- Although we may take your nominations/wishes into account, these aren't binding and the final choice rests with us as scheme administrator of the Scheme.
- The information in this form is based on current legislation, which may change in the future.

How to complete this form

Before completing this form you should take specialist advice as to the tax and other consequences for you and your beneficiaries. This is a complex area and we can't provide you with any guarantee about inheritance tax, or other tax consequences, or advise you on what might be best for you.

- Make sure you attach any additional sheets of paper or documents to the form.
- Whenever you see this icon you may need to send us additional material with this form.

Please complete this form by typing in the boxes, including the signature box(es) and emailing it to retireadyclientservices@aegon.co.uk (this must be sent from the email address you have registered with us).

Our email system and the way we deal with data is internally secure. However, we're unable to ensure the security of emails before they reach us. Please consider this when sending us sensitive information.

If you'd prefer to send by post - or if you're nominating a trust and so have to send by post - please return to:

Aegon Digital Solutions
Sunderland
SR43 4DL

If you're returning this form by post, we cannot accept a typed signature so please print out the form and sign it before sending.

1. Personal details

Title

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Retiready account number*

*This can be found in your Confirmation of application or Confirmation of transfer which you'll find in your online personal document store.

3. Additional information

If you'd like to provide further details to give us a better understanding of how you'd like your death benefits to be distributed, please tell us below. If you need more space, please use a separate piece of paper and attach it to this form, making sure your name and Retiready account number is included at the top of the sheet, this section number and title are included, and that you sign and date the completed sheet

The information you provide below, or on any additional sheet won't be binding on us, but may be considered to help us decide how to apply any benefits.

Please tick this box if you've attached a separate sheet with additional information.

4. Declaration

In this declaration 'I' means the member and 'you' means Scottish Equitable plc as the scheme administrator of the Aegon Self-invested Personal Pension Scheme ("the Scheme").

4.1 I'm aware that any death benefits will only be paid in accordance with the provisions of the Scheme and as permitted and provided for under my Retiready pension contract with Aegon.

4.2 I'm aware that you have absolute discretion to choose who will benefit from any lump sum death benefit payable on my death. This expression of wish is not binding on you.

4.3 I agree that this expression of wish revokes any and all previous expressions of wish, in whatever form, made by me in relation to my Retiready pension.

4.4 I know that if I want to change any expression of wish, I can complete a new form at any time and if I complete a new form this will revoke any expressions of wish, in whatever form, previously made by me in relation to my Retiready pension.

4.5 This does not replace any nominations or expression of wish I may have completed for an ARC SIPP or One Retirement account.

4.6 I'm aware that you can only take into account expressions of wish completed by me if they are received by you before I die. If I complete a written expression of wish but die before you receive it, you can't take it into account.

4.7 I agree that I have appropriate authority from the other individuals I've named in section 2, and section 3 where appropriate, to give their details in this form.

You should sign and date this form by typing your full name in the signature boxes below and typing the date in the date boxes. Your typed name in the signature box will be your signature. When you sign the form, by typing your name in this box, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

D	D	M	M	2	0	Y	Y
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Signature (type name here)

X	X
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