

NOMINATION OF BENEFICIARIES FORM

1 YOUR DETAILS

Policy number(s)

Full name

2 BENEFICIARY DETAILS

In the event of my death, it is my express wish that any death benefits available under the plan should be paid in the following proportions to the individual(s) (not trusts) named below:

Name

Address

Date of birth

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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Relationship to you

% or amount

Name

Address

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
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Relationship to you

% or amount

If you want to nominate any more individuals please do so on a blank sheet. You can nominate as many individuals as you like but the split must be clear and unambiguous and total 100%.

3 Notes

Your death benefits will be paid as a lump sum.

Alternatively, if you have an Income Drawdown policy known as an Utmost Drawdown or Managed Pension your beneficiary will have the option of a beneficiary's drawdown either with us or another provider.

Any death benefits paid after your 75th birthday, or in some cases 2 years after we have been advised of your death, are subject to income tax and your beneficiaries will be taxed accordingly.

Nominations should be regularly reviewed and kept up to date, especially if your personal circumstances have changed.

Death benefits are paid at the discretion of Utmost Life and Pensions as Scheme Administrator. It is our understanding of current legislation that this discretion allows the benefits to be paid outside of your estate for Inheritance tax.

It is recommended that you keep a copy of this nomination for your records

4 DECLARATION

- i. I understand that the nomination(s) made are not binding on the scheme administrators
- ii. I acknowledge that this nomination cancels any and all previous nominations I have given
- iii. I have agreement from the beneficiaries named above to give their details in this form
- iv. I understand that I can change or remove my beneficiary(s) at any time by giving the scheme administrator instructions in writing
- v. I understand that the information I supply will be held by you on computer for administrative purposes

Signature	Print Full Name
Date	

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk

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