SIPP Nomination/ Expression of Wish UK SIPP



In the event of your death, any remaining benefits held in respect of your membership of The Novia Global UK SIPP will be settled at the discretion of the Scheme Administrator in accordance with the rules of The Novia Global UK SIPP.

Please use this form to nominate (or to amend a previous nomination of) the individuals and/or entities to whom you would like the Scheme Administrator to consider paying any death benefits that may arise.

In the event of your death, the Scheme Administrator will contact those who are to receive death benefits and offer the payment options that are available at the time the payment is due to be made, in line with prevailing legislation, The SIPP scheme rules and Terms and Conditions.

Email a copy of this to to Novia Global Client Services, Cambridge House, Henry Street, Bath, BA1 1JS

Client Details	
Client Name	Date of Birth
Client Number	SIPP Number (if known)

Client Wishes					
Name	Name				
Allocation %	Allocation %				
Date of Birth	Date of Birth				
Relationship to Client	Relationship to Client				
Email Address (if known)	Email Address (if known)				
Address (including post code)	Address (including post code)				

Further Client Wishes					
Name	Name				
Allocation %	Allocation %				
Date of Birth	Date of Birth				
Relationship to Client	Relationship to Client				
Email Address (if known)	Email Address (if known)				
Address (including post code)	Address (including post code)				

Further Information

If you would like to provide more information, please use the space provided below. For example, you may wish to name individuals you would like the Scheme Administrator to consider in the event that the beneficiaries nominated in Section 2 predecease you.

Please ensure a percentage, date of birth, relationship and address are included for each person named.

Charity Nomination

Depending on the benefits you hold and the prevailing legislation, it may be possible to have a lump sum death benefit paid to a registered charity instead of to individual beneficiaries. Use this section if you would like to nominate a charity to receive death benefits.

Name of Registered Charity		Name of Registered Charity	
Allocation	%	Allocation	%
Registered Charity Number		Registered Charity Number	
Address		Address	

Signature

I understand that the wishes expressed on this form will supersede any previous nominations made by me.

Client Signature

Date



If you need assistance completing this form, please ask your Intermediary or the Novia Global Client Services Team on +44 (0) 1225 517 517.