UK SIPP

Nomination/Expression of Wish

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 Novia Global Client Services, 22 St Lawrence St, Southgate, Bath, BA1 1AN.

Client Details

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

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 (including post code)	Address (including post code)

Signature

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

Signature requirements
This form may be signed electronically or with a wet signature. Electronic signatures must:

- Be applied using recognised e-signature software (e.g. Adobe, DocuSign)
- Include a certificate of validation
- Use an email address matching the adviser's registered company email or the client's registered Novia Global email

If signing by hand, please sign, scan, and email the form to clientservices@novia-global.com or return through the online Secure Mail function.

Signature		Date	
Print Name			



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