

The Fidelity SIPP – Expression of Wish Form

Please complete the form in BLOCK CAPITALS using black ink.

If you die before you take the benefits from your Fidelity SIPP your account will usually pay out a lump sum. Please use this form to nominate your chosen beneficiaries you would like us to consider when exercising our discretion as to whom any lump sum will be paid.

If you would like to nominate more than two beneficiaries please use a separate piece of paper to give us their details. Further copies of this form can be downloaded at **fidelity.co.uk**

Please note this request will supersede any previous Expression of Wish Form you have sent us, and will apply to all your Fidelity SIPP accounts.

You should keep a copy of this form for your records.

When completed, please return to Fidelity, PO Box 391, Tadworth, KT20 9FU.

1 About you

1.1 Your details

1.1.1	Title
	Mr Mrs Ms Other: Image: Contract of the state of the stat
1.1.2	Surname
1.1.3	First and other names in full
1.1.4	Gender 1.1.5 Date of Birth
	Male Female
1.1.6	What is your Fidelity SIPP Account Number?
	The nomination will apply to all Fidelity SIPP accounts you hold
2	Beneficiary details
2	Beneficiary details Please pay any lump sum, and/or pension arising from my Fidelity SIPP to the following person(s) in the percentage(s) shown. Total percentages must equal 100%.
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2.12.1.12.1.2	Please pay any lump sum, and/or pension arising from my Fidelity SIPP to the following person(s) in the percentage(s) shown. Total percentages must equal 100%. Beneficiary 1 Title Mr Mrs Ms Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Other: Comparison Ot
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Beneficiary details (continued) 2

2.1.5 Beneficiary's address. 'Care of' and PO Box are not acceptable.

	House number/name
	Street, city, county and country
	Postcode
2.1.6	Relationship to you
2.1.7	Percentage
	• %
2.2	Beneficiary 2
2.2.1	Title
	Mr Mrs Ms Other: Image: Second
2.2.2	Surname
2.2.3	First and other names in full
2.2.4	Gender
	Male Female
2.2.5	Beneficiary's address. 'Care of' and PO Box are not acceptable.
	House number/name
	Street, city, county and country
	Postcode
2.2.6	Relationship to you
2.2.7	Percentage
	• %

3 Nominees

Please complete this section if you wish to name individuals (who have not already been named in Section 2) solely as nominees. This is for the purpose of potentially allowing nominee death benefits to be paid when in the event that, when exercising our discretion, death benefits are not paid to the individuals in Section 2 of this form and instead become payable after the exercise of our discretion to such named individuals.

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3 Nominees (continued)

3.4	Nominee 4
3.4.1	Title
	Mr Mrs Ms Other: Image: Contract of the state of the stat
3.4.2	Surname
3.4.3	First and other names in full
3.4.4	Gender
	Male Female
3.4.5	Relationship to you

4 Your application summary

4.1 Declarations

To FIL SIPP Trustee (UK) Limited (the administrator), I understand:

- this form cancels any previous expression of wish form made by me for this plan
- that the administrator is not bound by my wishes
- that I may change my mind at any time by completing a new expression of wish form
- that you will take a scanned copy of this form and will store it for future reference.

Your signature

By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

Signature



Date signed



Issued by Financial Administration Services Limited, (a Fidelity Personal Investing company), which is authorised and regulated by the Financial Conduct Authority.