

## COFUNDS PENSION ACCOUNT EXPRESSION OF WISH FORM

for existing clients

This form is to tell us who you wish to receive benefits from your plan if you die.



Please complete this form and return it to:  
**Aegon Cofunds Administration, Sunderland, SR43 4DP**

### Section 1

#### Client details (please complete this section in full)

Product number

8

Mr/Mrs/Miss/Ms/Other  
- please specify

Full forname(s)

Surname

When completing date  
fields please use the  
usual **DD/MM/YYYY**  
format.



### Section 2

#### Details of Beneficiaries

Please read the declaration in Section 5 before entering details of beneficiaries.

The percentages in Section  
2 should add up to 100%.



#### 2A. Individuals

##### Individual 1

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

##### Individual 2

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

##### Individual 3

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

##### Individual 4

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

#### 2B. Trust

##### Trust 1

Name of trust

Name of trustees

Address where  
trust is held

Postcode

Date of trust

Percentage of fund payable to beneficiary

%

##### Trust 2

Name of trust

Name of trustees

Address where  
trust is held

Postcode

Date of trust

Percentage of fund payable to beneficiary

%

## Section 2

## Details of Beneficiaries – continued

### 2C. Charity

#### Charity 1

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

%

#### Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

%

## Section 3

## Alternative Beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in Section 2A either:

- a. die before you; or
- b. do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in Section 3 should add up to 100%.

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### 3A. Individuals

#### Individual 1

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

#### Individual 2

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

#### Individual 3

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

#### Individual 4

Name

Address

Postcode

Date of birth

Percentage of fund payable to beneficiary

%

### 3B. Trust

#### Trust 1

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust

Percentage of fund payable to beneficiary

%

#### Trust 2

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust

Percentage of fund payable to beneficiary

%

### 3C. Charity

#### Charity 1

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

%

#### Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary

%

Section 4	Adviser/Intermediary Details (for adviser/intermediary use only)
Intermediary name	<input type="text"/>
Firm name	<input type="text"/>

Section 5	Client Declaration
<p><b>Please read the declaration before entering details of beneficiaries.</b></p> <p>On my death, I wish the scheme administrator to pay any benefits from my plan(s) to the beneficiaries, and in the proportion set out.</p> <p>I accept that this is only an expression of my wishes. I understand that whilst the scheme administrator will pay due consideration to those wishes, they have absolute discretion as to the beneficiary(es) and to the proportions of benefits paid to each beneficiary unless otherwise provided by law.</p>	<p>I understand that if the scheme administrator chooses a beneficiary who has not been named in sections 2A or 3A, drawdown income would normally only be available in limited circumstances. Therefore, in addition to the above named beneficiaries, in order to allow the administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.</p> <p>I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.</p>

Client Name	<input type="text"/>															
Client Signature	<input type="text" value="X"/>					Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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