

Deed of Appointment of Beneficiaries by Trustees

1. This form is designed for the use with trusts governed by the laws of England, Wales, Northern Ireland and Scotland.
2. This form is for use by trustees to appoint benefits arising under a discretionary or other power of appointment trust to named beneficiaries either on a revocable or irrevocable basis.
3. When completed, please keep this form with the original trust form.

Aegon (a brand name of Scottish Equitable plc) doesn't need a copy of this form, as any claim will be settled directly to the trustees and it will be for the trustees to consider the terms of any appointment.

Notes for users

These notes are for guidance only and do not form any part of the Deed.

Please enter the name(s) and address(es) of all Trustees.

This Deed of Appointment is made by

Name

i

of Address

Name

ii

of Address

Name

iii

of Address

(hereinafter referred to as 'the Trustees')

Whereas

- a The Trustees are the Trustees presently acting under or pursuant to a Trust Request/Declaration of Trust by (Name of Settlor)

and dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

relative to a policy or policies ('the Policy') with (Name of Insurer)

and numbered

- b In terms of the said Trust Request/Declaration of Trust the Trustees may exercise a power of appointment therein contained in such manner and subject to such conditions as they in their absolute discretion think fit by deed or deeds revocable or irrevocable.
- c Accordingly, the Trustees hereby revoke any previous revocable Appointment(s) and direct that all the property over which the power of appointment extends shall be held upon Trust for the person or person(s) aftermentioned in the shares and manner hereinafter specified.

Enter the name of Settlor, Trust Date, name of Insurer and all applicable Policy Number(s).

Add if applicable (ie if a policy is held in the Trust).

This form is supplied as a specimen only. Individuals are advised to consult their solicitors or obtain such other advice as may be necessary to ensure that their wishes are properly documented and given effect.

Insert the name(s) of the person(s) you currently wish to benefit from the Trust. Those named must fall within the class of beneficiaries under the Trust. If more than one person is named here, show the percentage shares in which they are to benefit. At least one person must be specified here.

Please delete as appropriate to indicate whether the Appointment is revocable or irrevocable.

Date of Signing of this Deed.

This section is designed to obtain a witnessed signature of each Trustee. A witness should be an adult and should not be party to the Deed. A witness can witness more than one Trustee signature. Your financial adviser may act as a witness if they're not party to the Deed.

Therefore

1. In exercise of the said Power of Appointment and of every other power then enabling the Trustees hereby appoint the Trust Fund to be held for:

	%
	%
	%
	%

2. The Trustees reserve/do not reserve the right to revoke this Appointment.

In witness whereof these presents are executed by the Trustees as follows:

Date of Execution

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signed as a Deed and delivered by

Signature of witness

Full name of witness

Address

Postcode

Occupation

Signature of Trustee

Full name of Trustee

Signed as a Deed and delivered by

Signature of witness

Full name of witness

Address

Postcode

Occupation

Signature of Trustee

Full name of Trustee

Signed as a Deed and delivered by

Signature of witness

Full name of witness

Address

Postcode

Occupation

Signature of Trustee

Full name of Trustee

