

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:
Cofunds Limited, PO Box 1103, Chelmsford, CM99 2XY

Section 1

Client details (please complete this section in full)

Existing Cofunds
Client Reference

Title Mr Mrs Ms Miss Other

First and middle name(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

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 2

Name

Address

Postcode

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 3

Name

Address

Postcode

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 4

Name

Address

Postcode

Relationship to you

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:

- die before you; or
- 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%.

i

3A. Individuals

Individual 1

Name
Address
Postcode

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 2

Name
Address
Postcode

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 3

Name
Address
Postcode

Relationship to you

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 4

Name
Address
Postcode

Relationship to you

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)

Cofunds Intermediary Authorisation Code (required)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Section 5

Client Declaration

Please read the declaration before entering details of beneficiaries.

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.

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.

I understand that if the scheme administrator chooses a beneficiary who has not been named in Section 2A or 3A, drawdown pension is only available in limited circumstances.

Please tick the box if you wish the widest range of people to be eligible to receive death benefits in the form of drawdown pension.

In addition to the above named beneficiaries, I nominate for the relevant tax legislation any individual who is eligible to receive a lump sum on my death under the rules of the scheme.

I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

Client Name

Client Signature

Date

/

/

All assets held in the Cofunds Pension Account are legally owned by Suffolk Life Trustees Limited.

The Cofunds Pension Account is provided by Suffolk Life Pensions Limited (Suffolk Life) 153 Princes Street, Ipswich, Suffolk IP1 1QJ. Registered in England and Wales number 1180742. Suffolk Life is authorised and regulated by the Financial Conduct Authority (FCA). FCA registration number 116298.

The assets of the Cofunds Pension Account are held on the Cofunds platform provided by Cofunds Limited (Cofunds), Level 43, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AB. Registered in England and Wales No. 3965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

PA31AUB 04/16