

THE HUBWISE HARTLEY SIPP

EXPRESSION OF WISHES FORM

Member Name					
Scheme Number					
schemes Trustee, Hartle	ey Pensio embers v	ns Trustees Limited as vishes, you are request	directed by the scheme adr	ministrator. In orde sion of Wishes for	re made at the discretion of the er that the scheme administrator m. Details of your intended earlier instructions.
· ·			·		hat their wishes are. Also, it is nange in personal circumstances.
			DECLARATION		
I understand that the scheme Trustee, Hartley Pensions Trustees Limited has absolute discretion as to how to pay any lump sum and/or spouses/dependants income from the Hubwise Hartley SIPP in the event of death. However, if and when the scheme Trustee exercises its discretion, I would like it to take into account that my wishes as to how benefits should be paid are stated below. I understand that I can change or cancel this statement at any time.					
Full name of pers		Relationship to me	Ad	dress	Proportion/Order of preference
Notes					
1. If you wish to chose a person(s) who you would like to benefit only if your other proposed recipients have died before you, please explain this. (For example, spouse/partner 100%, or if they die before you, children in equal proportions.)					
2. Under no circumstances should your signature on this form be witnessed.					
Signature				Date	

Please return completed form to:

Hartley Pensions Ltd, 5th Floor, 25 Marsh Street, Bristol, BS1 4AQ. Authorised and regulated by the Financial Conduct Authority 735936 and registered in England and Wales 094695576. T:0117 316 9991 E: admin@hartleysas.co.uk W: www.hartleypensions.com

