

ADVANCE HARTLEY SIPP EXPRESSION OF WISH FORM

Member Name

Scheme Number

Under the provisions of The Advance Hartley SIPP any payments due on the death of a member are made at the discretion of the schemes Trustee, Hartley Pensions Trustees Limited as directed by the scheme administrator. In order that the scheme administrator is aware of the members wishes, you are requested to complete this Expression of Wishes form. Details of your intended beneficiaries can be changed at any time by you completing a new form to replace earlier instructions.

The amounts payable on death can be very valuable so it is important that members consider what their wishes are. Also, it is recommended that such statements are updated at regular intervals, particularly when there is a change 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 Advance 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 person I wish to benefit	Relationship to me	Address	Proportion/Order of preference
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

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