

## Scottish Widows Platform Nomination of Beneficiaries Form

This form is intended for use with the Personal Pension Account, referred to as 'plan' throughout this form.

This form should not be submitted to us if your adviser is entering the details on the platform.

By completing and returning this form, you can inform the scheme administrator (Embark Investment Services Limited) about how you wish any death benefits to be paid, in accordance with the Trust Deed and Rules of the Scottish Widows Personal Pension Scheme (the 'scheme'). These set out the legal and regulatory basis on which the scheme is operated and require all dealings with your Personal Pension Account to comply with HMRC rules and relevant pensions and tax legislation. A copy of the scheme rules is available from us on request.

Please note although your nomination will be given due consideration it is not binding and the scheme administrator will have discretion to decide how any death benefit is distributed.

You can change or revoke your nomination at any time.

You should consider what you wish to happen if the beneficiary (or one of the beneficiaries) dies before you, for example 'my husband/wife but if he/she dies before me, to all my children who are living at the time of my death, in equal shares.' Please write any instruction like this in the 'Further instructions' box.

You should review your nomination from time to time and when there is a change in your personal circumstances.

If you are taking drawdown pension, you should nominate one or more surviving dependant(s) if you wish to give them the choice of how to take death benefits (i.e. a lump sum subject to tax, or a dependant's pension).

Please complete all sections of this form that apply to you in BLOCK CAPITALS.

### 1. Your details

Title:	First Name(s):
<hr/>	
Surname:	
<hr/>	
Plan number:	
<hr/>	

## 2. Beneficiaries

Full Name:

Residential Address:

Postcode:

Nationality:

Relationship:

Date of Birth:

| D | D | M | M | Y | Y |

Percentage share:

Full Name:

Residential Address:

Postcode:

Nationality:

Relationship:

Date of Birth:

| D | D | M | M | Y | Y |

Percentage share:

Full Name:

Residential Address:

Postcode:

Nationality:

Relationship:

Date of Birth:

| D | D | M | M | Y | Y |

Percentage share:

Full Name:

Residential Address:

Postcode:

Nationality:

Relationship:

Date of Birth:

| D | D | M | M | Y | Y |

Percentage share:

## 2. Beneficiaries (Continued)

Further information:

## 3. Authorisation


I consent to the above information being held and processed by Embark Investment Services Limited for the purposes of distributing any death benefits to my nominated beneficiary(ies).

In the event of my death, I wish the scheme administrator to consider paying the beneficiaries above in the proportion(s) indicated. This form supersedes any earlier 'Nomination of beneficiaries' form I may have completed for this plan.

Signature\*: 

Date:

| D | D | M | M | Y | Y | Y | Y |

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