

PENSION ANNUITY**EXPRESSION OF WISH FORM****You can use this form if:**

- your Pension Annuity includes a guarantee period,
- your Pension Annuity includes value protection.

If you're unsure if you can or can't use this form, please feel free to contact us. Our details are on page 2 of this form.

Important notes

You may use this form to nominate the people you wish to be considered for any continuing payments under a guarantee period or a value protection lump sum.

You can nominate anybody you choose. We will always take your wishes into account but we are not bound

by them, and we can use our discretion to choose a different beneficiary. This allows us to pay to someone else if your circumstances change. For example, if you get married or divorced and do not update your expression of wish.

PERSONAL DETAILS

Your name

Your Policy number

Dependant's income

If your Pension Annuity also includes a dependant's income, we'll assume that you would like any other death benefits to be paid to your dependant, although we can still use our discretion to choose a different beneficiary. If you **do not** wish to nominate your dependant as the only beneficiary for other death

benefits, please tick this box and complete the sections below.

If you would like your dependant to receive only a share of any death benefits, please include them in the section below.

Nominated beneficiary

Full name

Relationship to you

Date of birth

Beneficiary address

Share

 %

Please sign on page 2.

Nominated beneficiary

Full name

Relationship to you

Date of birth

Beneficiary address

Share

 %

2 EXPRESSION OF WISH FORM

Nominated beneficiary		Nominated beneficiary	
Full name	<input type="text" value="FIRST NAME"/>	Full name	<input type="text" value="FIRST NAME"/>
	<input type="text" value="SURNAME"/>		<input type="text" value="SURNAME"/>
Relationship to you	<input type="text"/>	Relationship to you	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Beneficiary address	<input type="text"/>	Beneficiary address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Share	<input type="text"/> %	Share	<input type="text"/> %
If you wish to nominate more beneficiaries, please continue on a separate sheet.			
Your expression of wish may be revoked or revised at any time should you choose to do so. Please remember to keep these details up-to-date, should your personal circumstances change.			
This new form will replace any previous expression of wish you may have sent to us.			
Declaration: I have read and understood the important notes above. I understand that Just has absolute discretion, but in the event of my death, I should like Just to consider making payments to the person(s) listed in this form.			
Your Signature	<input type="text"/>	Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

Please return the completed form to:

Just, Enterprise House, Bancroft Road, Reigate, Surrey RH2 7RP.

Clear form

FOR MORE INFORMATION

Call: **01737 233297** Email: **support@wearejust.co.uk** Or visit: **justadviser.com**

Lines are open Monday to Friday, 8.30am to 5.30pm

Please note your call may be monitored and recorded and call charges may apply.

Please contact us if you would like this document in an alternative format.