

**PENSION ANNUITY**

# EXPRESSION OF WISH FORM

**You can use this form if:**

- your Pension Annuity includes a guarantee period, or
- 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 can use this form to nominate the people you wish to be considered for any continuing payments under a guarantee period or from a value protection lump sum.

You can nominate anybody you choose. We'll always take your wishes into account but we're 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.

## 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'd like any other death benefits to be paid to this dependant. However, we can still use our discretion to choose a different beneficiary. If you **do not** wish to nominate this dependant as the only beneficiary for other death benefits, please tick this box  and complete the sections below.

If you'd like this 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"/>	Full name	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Relationship to you	<input type="text"/>	Relationship to you	<input type="text"/>
Date of birth	<input type="text" value="ddmmYYYY"/>	Date of birth	<input type="text" value="ddmmYYYY"/>
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 page 3 (attached).

Your expression of wish can be revoked or changed at any time you choose. 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've 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 want Just to consider making payments to the person(s) listed in this form.

Your Signature

Date

Please return the completed form to: **Just, Enterprise House, Bancroft Road, Reigate, Surrey RH2 7RP.**

Alternatively, you can email the form back to us at [support@wearejust.co.uk](mailto:support@wearejust.co.uk)


## FOR MORE INFORMATION

Call: **01737 233 297** Email: [support@wearejust.co.uk](mailto:support@wearejust.co.uk) Or visit: [wearejust.co.uk](http://wearejust.co.uk)

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

Please note we may monitor and record calls for training and regulatory purposes.

Call charges may apply.

Rated Excellent on 



January 2025

**FT** ADVISER



If you want to have more than four beneficiaries, please complete their details below:

## PERSONAL DETAILS

Your name

Your policy number

### Nominated beneficiary

Full name

Relationship  
to you

Date of birth

Beneficiary address


Share

 %

Please sign below.

### Nominated beneficiary

Full name

Relationship  
to you

Date of birth

Beneficiary address


Share

 %

Please sign below.

**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 want Just to consider making payments to the person(s) listed in this form.

Your Signature

Date