# Expression of Wish and Nomination

Fidelity INTERNATIONAL

Please complete the form in BLOCK CAPITALS using black ink.

In the event of your death your pension with Fidelity will usually provide benefits. Please use this form to name the individuals you would like us to consider when exercising our discretion as scheme administrators as to whom any benefits may be paid. This Expression of Wish does not bind the scheme administrators. If you would like to name more than four individuals, please print an additional page and attach it to this form.

Please note this request will supersede any previous Expression of Wish Form you have sent us, and will apply to all your Fidelity pension accounts.

You should keep a copy of this form for your records.

**When completed, please return to Fidelity Adviser Solutions, PO Box 391, Tadworth KT20 9FU**

## 1 About you

### Your details

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**National Insurance number**

**Fidelity pension account number (if known)**

The nomination will apply to all Fidelity pension accounts you hold.

## 2 Beneficiary details

Please complete this section to name the individuals you would like us to consider when exercising our discretion as to whom any death benefits may be paid from your pension.

### Beneficiary 1

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

**Percentage (if you are naming more than one beneficiary the percentages must equal 100%)**

. %

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## 2 Beneficiary details (continued)

### Beneficiary 2

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

**Percentage (if you are naming more than one beneficiary the percentages must equal 100%)**

. %

### Beneficiary 3

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

**Percentage (if you are naming more than one beneficiary the percentages must equal 100%)**

. %

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## 2 Beneficiary details (continued)

### Beneficiary 4

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

**Percentage (if you are naming more than one beneficiary the percentages must equal 100%)**

. %

## 3 Nominees

Please complete this section if you wish to name individuals (who have not already been named in Section 2) solely as nominees. This is for the purpose of potentially allowing nominee death benefits to be paid when in the event that, when exercising our discretion, death benefits are not paid to the individuals in Section 2 of this form and instead become payable after the exercise of our discretion to such named individuals.

### Nominee 1

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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## 3 Nominees (continued)

### Nominee 2

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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### Nominee 3

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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## 3 Nominees (continued)

### Nominee 4

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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### Nominee 5

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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## 3 Nominees (continued)

### Nominee 6

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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### Nominee 7

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

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## 3 Nominees (continued)

### Nominee 8

**Title**

☐ Mr ☐ Mrs ☐ Ms ☐ Other:

**Full Name**

**Full address. 'Care of' and PO Box are not acceptable.**

House number/name

Street, city, county and country

Postcode

**Relationship to you**

**Date of birth**

## 4 Declaration

To Financial Administration Services Limited (the administrator), I understand and declare that:

- this form cancels any previous Expression of Wish form completed by me for my pension
- the administrator is not bound by my wishes expressed in any section of this form
- the individuals named in section 2 of this form are also nominated by me as nominees for the purpose of section 27A(1) part 2 schedule 28 of the Finance Act 2004
- the individuals named in section 3 of this form are nominated solely for the purposes of section 27A(1) part 2 schedule 28 of the Finance Act 2004, in the event that death benefits are paid to them
- subject that no individual named by me as a nominee shall be a nominee at the time of my death where that individual is a dependant of mine (as defined in Finance Act 2004)
- that I may change my mind at any time by completing a new Expression of Wish form
- that you will take a scanned copy of this form and will store it for future reference

### Your signature

By signing here I confirm that I have read and completed all relevant sections as per the instructions on this form.

**Signature**

**Date**

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