

Workplace Retirement Account Beneficiary form

This form is provided by Aviva on behalf of the trustees and once completed, should be returned to Aviva at the address shown below.

NGS500C MM30337 05/2022

Before completing this form, you should read the notes below.

Notes

- 1** This nomination can be revoked or amended in writing or online by logging into your online account at any time. If your wishes or circumstances change, please complete a new beneficiary form.
- 2** Death benefits from the Workplace Retirement Account may be distributed at the trustees' discretion between any one or more of the following individuals or bodies*:
- your dependants;
 - your relatives (by blood or half blood), including any individual who's conceived, but not yet born, and the spouses of any such relative;
 - any beneficiary who's named in your will or who benefits under the rules on intestacy;

- your legal personal representative;
- any person, trust, unincorporated association or corporate body who's nominated by you in this beneficiary form;
- any other beneficiary as permitted by the Trust Deed & Rules.

For this purpose, a relationship acquired by legal adoption is as valid as a blood relationship.

The scheme trustees may take account of any nomination you make in this form but aren't legally obliged to do so.

This form is provided by Aviva on behalf of the trustees. It's to be completed by a member with a Workplace Retirement Account. Once completed, please return your form to:

Aviva
PO Box 2282
Salisbury
SP2 2HY.

Your employer's name	<input type="text"/>
Your full name	<input type="text"/>
Your date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

* Full details of potential beneficiaries are set out in the Trust Deed and Rules, which is available on request.

Beneficiary form

To: The Trustees of my Workplace Retirement Account

I wish to nominate the person(s) or body(ies) listed below as recipients of any death benefits, becoming payable under the account below. Please note the proportions across all beneficiaries must not exceed 100%, in total.

I understand that any death benefits will be distributed (less any applicable tax charge if death occurs on or after age 75) at the Trustees' discretion in accordance with the rules of the scheme and that, while you'll take this beneficiary form into account, you'll not be bound by it.

I understand that this Beneficiary form will replace any earlier form I may have made in connection with my account.

Account number(s) or scheme/ member reference(s)				Proportion of benefit
Full name of beneficiary				%
Date of birth				
Relationship to member				
Address				
Town/City			County	
Postcode				
Full name of beneficiary				%
Date of birth				
Relationship to member				
Address				
Town/City			County	
Postcode				
Full name of beneficiary				%
Date of birth				
Relationship to member				
Address				
Town/City			County	
Postcode				
Full name of beneficiary				%
Date of birth				
Relationship to member				
Address				
Town/City			County	
Postcode				

		Proportion of benefit
Full name of beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to member	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	
Full name of beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to member	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	
Full name of beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to member	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	
Reference (for office use only)	<input type="text"/>	

Note: The maximum number of beneficiaries you can have is 25. If you require more space to provide beneficiaries, please complete on a separate sheet.

Signature	<input type="text"/>
Name (block capitals)	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>

Aviva Data Privacy

To learn about how Aviva processes personal Information, please see our privacy policy online at aviva.co.uk/privacypolicy.

Need this in a different format?

Please get in touch if you'd prefer this guide (**MM30337**) in large font, braille, or as audio.

How to contact us

 **0345 604 9915**

 **mymoney@aviva.com**

 **[aviva.co.uk](https://www.aviva.co.uk)**

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