

Flexible Retirement Account

Nomination Form

NGS105G MM30418 05/2022

Important: This form can be used for the Flexible Retirement Account on My Money.

This nomination form should not be completed if you wish to place your Flexible Retirement Account under an individual trust.

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

Notes

- This nomination can be revoked or amended in writing at any time. If you change your nomination, please complete a new nomination form.
- This nomination will not apply to any account which you have placed under trust or assigned.
- Death benefits will be distributed at Aviva's discretion between any one or more of the following individuals or bodies:
 - any person, charity, association, club, society or other body whose names you have notified to Aviva in writing during your lifetime;
 - your surviving spouse or civil partner;
 - your dependants;
 - your parents or grandparents or any children or remoter issue of any of them;
 - if you are married or in a civil partnership at the time of your death, the parents or grandparents of your spouse or civil partner or any children or remoter issue of any of the those parents or grandparents;
 - any person, charity, association, club, society or other body entitled under your will to any interest in your estate;
 - your legal personal representatives.

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

Any nomination you make will not be binding on Aviva.

Please return your completed form to:

Aviva
PO Box 2282
Salisbury
SP2 2HY.



Retirement
Investments
Insurance
Health

Scheme details

Flexible Retirement Account scheme name

Membership number

GS

Nomination form

Please complete and return this form to us at the address shown on the previous page if you wish to nominate new beneficiaries or change your existing beneficiaries at any time in the future. If you would like to nominate a charity, please contact us.

To: **Aviva Pension Trustees UK Limited** (the scheme administrator)

I wish to nominate the person(s) or body(ies) listed below as recipients of any death benefits, becoming payable under my Aviva Flexible Retirement Account.

I understand that any death benefits will be distributed (less any applicable tax charge if death occurs on or after age 75) at the discretion of the scheme administrator. I understand that in exercising its discretion Aviva will not be bound by this nomination.

I understand that this nomination will replace any earlier nomination I may have made in connection with the account number shown above.

		Proportion of benefit
Name of suggested beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input type="text"/> County <input type="text"/>	
	Postcode <input type="text"/>	

Name of suggested beneficiary	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input style="width: 150px;" type="text"/>	County <input style="width: 100px;" type="text"/>
	Postcode <input style="width: 80px;" type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input style="width: 150px;" type="text"/>	County <input style="width: 100px;" type="text"/>
	Postcode <input style="width: 80px;" type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input style="width: 150px;" type="text"/>	County <input style="width: 100px;" type="text"/>
	Postcode <input style="width: 80px;" type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input style="width: 150px;" type="text"/>	County <input style="width: 100px;" type="text"/>
	Postcode <input style="width: 80px;" type="text"/>	
Name of suggested beneficiary	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	
Relationship to you	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
	Town/City <input style="width: 150px;" type="text"/>	County <input style="width: 100px;" type="text"/>
	Postcode <input style="width: 80px;" type="text"/>	

Name of suggested beneficiary	<input type="text"/>			<input style="width: 50px;" type="text" value="%"/>
Date of birth	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Relationship to you	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
Town/City	<input type="text"/>		County	<input type="text"/>
Postcode	<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.

I understand that I can withdraw or change this nomination at any time by writing to you or by logging into my online account.

Your signature	<input type="text"/>
Your name (please print)	<input type="text"/>
Date	<input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 100px;" type="text"/>

Aviva agrees to administer the scheme in accordance with the scheme rules.

Your personal information

We collect and use your personal information as part of this nomination process. To learn about how Aviva processes personal information, please see our privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy). It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR.

Aviva Pension Trustees UK Limited.

Registered in England No. 2407799. Registered office: Aviva, Wellington Row, York, YO90 1WR.
 Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 465132.

Telephone 0345 604 9915 – calls may be recorded. www.aviva.co.uk

Member of the Association of British Insurers.

