

# Parmenion SIPP Expression of Wish Form

**i** Please complete this form to nominate who you would like benefits to be paid to on your death. It overrides any previous nomination you may have made. Please review these regularly to ensure that your nomination is current. For details of the benefits payable, please refer to Parmenion's Key Features Document. Total beneficiary allocations should be 100%.

## 1 YOUR DETAILS

Title	Address
Surname	
Full first name(s)	
Email	
	Post code
	SIPP reference number

## 2 BENEFICIARY DETAILS

Title	Address
Surname	
Full first name(s)	
Date of Birth	
Relationship to you	Proportion %
Title	Address
Surname	
Full first name(s)	
Date of Birth	
Relationship to you	Proportion %
Title	Address
Surname	
Full first name(s)	
Date of Birth	
Relationship to you	Proportion %

**NOTE:** If you have more beneficiaries, please complete their details on a separate form, which should also be signed and dated.

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## 3 NOMINATION

If you would like to nominate another individual, trust or charity, if none of the above survive you, please give details. Please provide any additional information in the space below; if you need to add any more information, please attach a separate sheet of paper to this form.

## 4 DRAWDOWN

I would like Parmenion to be able to offer drawdown to any beneficiary of my fund. Whether or not they are a dependant and/ or specifically nominated by me.

Yes  No

## 5 DECLARATION

I understand that this nomination will not be legally binding on Wise Trustee Limited (corporate trustee of Parmenion SIPP) however, in the event of my death, it may take into account my nominations in exercising its absolute discretion as to how death benefits might be distributed.

Client name

Client signature

X

Date

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## Any questions?

To speak to one of the Parmenion team, you can call **0345 519 0100** or email [sipp@parmenion.co.uk](mailto:sipp@parmenion.co.uk)

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**Parmenion**   
It's your future.