

# Workplace Retirement Account Beneficiary form



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

Before completing this form, please read the notes below.

## Notes

- 1 This beneficiary form 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.
  - 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.
- 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;

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 should 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

Your full name

Your date of birth

D	D	M	M	Y	Y	Y	Y
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Your National Insurance Number

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\* 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 won't be bound by it.

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

		<b>Proportion of benefit</b>
Account number(s) or scheme/ member references(s) if known. <i>(Please leave blank if you don't know this.)</i>	<input type="text"/>	
Full name of beneficiary	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text" value="D   D   M   M   Y   Y   Y   Y"/>	
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" value="D   D   M   M   Y   Y   Y   Y"/>	
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" value="D   D   M   M   Y   Y   Y   Y"/>	
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" value="D   D   M   M   Y   Y   Y   Y"/>	
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"/>	

**Proportion of benefit**

Full name of beneficiary

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Relationship to member

Address

Town/City  County

Postcode

Full name of beneficiary

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Relationship to member

Address

Town/City  County

Postcode

Full name of beneficiary

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Relationship to member

Address

Town/City  County

Postcode

**Reference (for office use only)**

**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

Name (block capitals)

Date 

D	D	M	M	Y	Y	Y	Y
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**Aviva Data Privacy**

To learn about how Aviva processes personal Information, please see our privacy policy online at [aviva.co.uk/privacypolicy](http://aviva.co.uk/privacypolicy).

## Need this in a different format?

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

## How to contact us

 **0345 604 9915**

 **[mymoney@aviva.com](mailto:mymoney@aviva.com)**

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

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