



If you have any questions, please
call your Client Services Team on
01382 573737

Alliance Trust Full SIPP

Expression of wish form

Please use this form to tell us to whom you wish us to pay lump sum benefits in the event of your death. You may use it to give us these instructions for the first time or to change any instructions you already have in place.

Please complete in block capitals and black ink.

1 Personal details

If you are already an Alliance Trust Savings client please provide your Alliance Trust Savings Number

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Full name

Date of birth

DD	MM	YYYY
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2 Your nominations

I express a wish for you to pay any lump sum benefits on my death to the following beneficiaries in the proportions shown below. I understand that this is an expression of my wishes only and although you will consider my wishes, you have complete discretion as to whom lump sums are paid. **This nomination may be changed at any time by writing to us.**

Nominee 1

Name	<input type="text"/>	Relationship to you	<input type="text"/>			
Date of birth	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table>	DD	MM	YYYY	Proportion to receive (%)	<input type="text"/> %
DD	MM	YYYY				

Nominee 2

Name	<input type="text"/>	Relationship to you	<input type="text"/>			
Date of birth	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table>	DD	MM	YYYY	Proportion to receive (%)	<input type="text"/> %
DD	MM	YYYY				

Nominee 3

Name	<input type="text"/>	Relationship to you	<input type="text"/>			
Date of birth	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table>	DD	MM	YYYY	Proportion to receive (%)	<input type="text"/> %
DD	MM	YYYY				

Nominee 4

Name	<input type="text"/>	Relationship to you	<input type="text"/>			
Date of birth	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table>	DD	MM	YYYY	Proportion to receive (%)	<input type="text"/> %
DD	MM	YYYY				

Total allocation (%)

Please check the total allocation adds up to 100%.

<input type="text"/> %

You can specify more than four people if you wish: please use an additional sheet of paper for this purpose.
You can also specify a charity, club, association or society.

3 Signature

Signature

Date

DD	MM	YYYY
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