



BROOKLANDS SIPP

CHANGE OF PERSONAL INFORMATION AND BENEFICIARIES

PLEASE NOTE

Please use this form to notify Heritage Pensions Limited of a change in personal details or an update to your nominated beneficiaries (those persons to whom you would like to receive your benefits in the event of your death).

1. Member Details

Title Mr Mrs Miss Ms Other

Name
[firstname,middle,surname]

Plan Reference

2. Information to Update

Do you wish to request the Trustee to:

Make changes to your personal information	Please complete Sections 3 & 6
Make changes to any other information held on file	Please complete Sections 4 & 6
Make changes to your nominated beneficiaries	Please complete Sections 5 & 6

3. Change of Personal Information (Please complete in full)

Permanent Residential Address (Tax Residence)
[IF DIFFERENT] Full Address in Country of Tax Residence

Country **Post Code / PO Box**

Correspondence Address Correspondence Address

Country **Post Code / PO Box**

PLEASE NOTE: Where you move to another jurisdiction, this may affect your adviser's continual ability to be appointed as your financial adviser, subject to where they hold their regulatory permissions. Should this be the case, we will confirm to you accordingly.

Main Telephone Number	Mobile Telephone Number
Email Address	Marital Status
Name of Spouse/Partner	
Occupation	Employment Status
Country of Residence	Date of Residence

4. Any other information changes you need to notify the trustee of?

Please complete updated information:

5. Change to your nominated beneficiaries

Benefits from your pension would normally be paid at the discretion of the Trustees by you nominating who you would like to receive your pension benefits in the event of your death. Where this is the case, Inheritance Tax will not apply. You can nominate multiple people and indicate the percentages for each. This nomination can be changed at any time by writing to Heritage Pensions Limited.

Full Name	Address	Relationship to Member	% of Death Benefits

6. Member Declaration

I declare that I am the member of the Brooklands SIPP and that the changes requested above are to be effected throughout my plan accordingly. I hold the Trustee free of any liability in changing the above. Where I have notified you of a change of nominated beneficiary, I request that the Trustee pay my nominated beneficiaries their discretionary payment of benefits in the event of my death.

Member Signature

Date [dd/mm/yy]



IVCM Heritage Pensions

The Brooklands SIPP is operated by Heritage Pensions Limited who are authorised and regulated by the Financial Conduct Authority. The asset trustee for the Brooklands SIPP is IVCM Heritage Trustees Limited. An agreement is in place between Heritage Pensions Limited and IVCM whereby certain administrative functions in respect of the Brooklands SIPP are outsourced to and undertaken by IVCM.