IVCM Trustees (Gibraltar) Limited

Change of Member Details and Death Beneficiary Nomination

Form 3

The Trustee
will only accept this form if it is correctly and fully completed.

Any questions, call
+350 200 69290

Important Information

Please use this form to notify IVCM Trustees (Gibraltar) Limited of a change in personal details or an update to your nominated death 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 [first name, middle, surname]

Plan Reference

2. Change of Details

New Permanent Residential Address (Tax Residence)
[IF DIFFERENT]

Full Address in Country of Tax Residence

Country

Post Code / PO Box

PLEASE NOTE: If you move to another jurisdiction it may affect your adviser's ability to continue as your appointed financial adviser, subject to where they hold their regulatory permissions. We will contact you if your adviser can no longer continue as your appointed financial adviser.

New Correspondence Address

Correspondence Address

Country

Post Code / PO Box

Telephone number

Email address

[Please use a personal email address, we do not accept work email addresses.]

Marital status

Name of Spouse/Partner

Employment status

Issued by the Trustee
IVCM Trustees (Gibraltar) Limited
GSFC FSC1223B

Form 3

When complete
email or post this form:
gibraltar@ivcm.com

IVCM Trustees (Gibraltar) Limited
215B, Neptune House
Marina Bay, Gibraltar

Any other details you need to notify IVCM of

3. Change to your Nominated Beneficiaries

Death 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. You can nominate multiple people and indicate the percentages for each. This nomination can be changed at any time by writing to IVCM Trustees (Gibraltar) Limited.

Full Name	Address	Relationship to Member	% of Death Benefits

4. Member Declaration

I declare the changes requested above are to be effected throughout my plan accordingly. I hold the Trustee free of any liability for accepting the instructions above. Where I have notified you of a change of Nominated Beneficiaries, 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]