

LETTER OF WISHES

In the event of your death, certain benefits are payable at the discretion of the Trustees. You may wish to nominate the person(s) to whom you would like these benefits to be paid. You should note that this is not binding on the Trustees.

This form is designed to make your wishes clear. It will only be examined upon your death, and you may change it at any time. Please ensure that the original, and any subsequently changed Letter, are in the hands of the Trustees, as this is the only way the Trustees can be aware of your wishes.

To complete a Letter of Wishes, please fill in the form below, place it in a sealed envelope (with your name indicated) and return it to your HR department or the Trustees of your Plan.

You may retrieve the Letter at any time if you wish to change the details.

Section 1: Scheme Details

 Scheme Name Scheme Number

Section 2: Personal Details

Title Mr Mrs Miss Ms Other

First Name Surname
Please use both the first name and surname

Date of Birth Gender Male Female

Spouse/Civil Partner First Name Surname

Spouse/Civil Partner Date of Birth

To the Trustees of the Pension Plan

In the event of my death, I hereby request that you distribute any benefits which are within your discretion among the following named persons and in the proportions indicated.

- | | | | |
|------------------------|----------------------|---------------------|----------------------|
| 1. Name of Beneficiary | <input type="text"/> | Relationship to me* | <input type="text"/> |
| Type of Benefit | <input type="text"/> | Proportion | <input type="text"/> |
| 2. Name of Beneficiary | <input type="text"/> | Relationship to me | <input type="text"/> |
| Type of Benefit | <input type="text"/> | Proportion | <input type="text"/> |
| 3. Name of Beneficiary | <input type="text"/> | Relationship to me | <input type="text"/> |
| Type of Benefit | <input type="text"/> | Proportion | <input type="text"/> |
| 4. Name of Beneficiary | <input type="text"/> | Relationship to me | <input type="text"/> |
| Type of Benefit | <input type="text"/> | Proportion | <input type="text"/> |

I understand that this is only an expression of my wishes, which I may change at any time. I understand that this letter is only for the assistance of the trustees and is not binding upon them. I hereby cancel any previous wishes that I may have expressed in this regard.

Name

 Signature Date

*For example: spouse, civil partner, partner, daughter, son, parent, brother, sister etc.