

Expression of Wish Form

For completion by the Member (BLOCK CAPITALS)



Name:	_____	National Insurance No:	_____
Home Address:	_____	Date of Birth:	_____ (dd/mm/yyyy)
_____	_____	Telephone No (Home):	_____
_____	_____	Telephone No (Mobile):	_____
Post Code:	_____	Email Address:	_____

In accordance with the Scheme Rules, in the event of my death I wish the Trustees to exercise their discretion so that any death benefit arising will be applied for the benefit of the following person(s) in the percentage(s) shown:

Nominee 1

Name:	_____
Address:	_____
_____	_____
_____	Postcode: _____
Relationship:	Percentage: _____ %

Nominee 2

Name:	_____
Address:	_____
_____	_____
_____	Postcode: _____
Relationship:	Percentage: _____ %

Nominee 3

Name:	_____
Address:	_____
_____	_____
_____	Postcode: _____
Relationship:	Percentage: _____ %

Nominee 4

Name:	_____
Address:	_____
_____	_____
_____	Postcode: _____
Relationship:	Percentage: _____ %

IMPORTANT NOTE

The Trustees of the Plan and their administrators will need to process certain data in order to determine who to pay any benefits that become due on your death. This may include information relating to beneficiaries named on your Expression of Wish Form. Full information on how we manage personal data is explained in our Privacy Policy which is available at www.workerspensiontrust.co.uk/privacy-policy.

I understand that this is only an Expression of Wish which is not binding on the Trustees and which may at any time be revoked or revised by completing a further Expression of Wish Form. I also understand that, in the event of my death, the Trustees will need to make reasonable enquiries regarding my circumstances.

Signature of Member:	_____	Date:	_____
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Please return to:
Workers Pension
4th Floor
State Buildings
2 Arthur Place
Belfast
BT1 4HG