

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 about you in order to determine who to pay any benefits that become due on your death. This may include 'sensitive' data, such as medical details or information about the beneficiaries named on your expression of wish form, etc. In addition, this form will be scanned and held electronically and securely by the Scheme's administrators under the terms of the Data Protection Act 1998 ("the Act") and will only be made available to persons entitled under the Act to view it. This means that any beneficiary mentioned on this form is entitled to access information held about them. For the purposes of the Act, by signing this Expression of Wish Form you are confirming that you and the beneficiaries you have nominated, where appropriate, agree to this data being processed for the purposes set out above.

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: _____

Please return to: Workers Pension Trust
143 Malone Road
BELFAST
BT9 6SX