

PORTCULLIS PENSION PLAN

EXPRESSION OF WISH FORM

NAME: First NamesSurname(Block Capitals)

All lump sum benefits arising from the *Scheme* on the death of a Plan member are paid, in accordance with the powers contained in the Rules, to such of his or her beneficiaries as the *Trustees* decide.

However, you may indicate whom you would wish to receive the benefit, although this will in no way be binding on the *Trustees*. If you would like to nominate beneficiaries, you should complete this form and return it to the *Trustees*.

You can complete a fresh nomination at any time.

Note

Your details are held on computer and used by the *Trustees* in the running of the *Scheme*. This information and its use have been registered under the Data Protection Act 1998, which gives you certain rights to ensure that the information is accurate and proper security is maintained

TO: The *Trustees* of the *Scheme*

It is my wish that any lump sum benefits payable under the *Scheme* in the event of my death should be paid in the proportions and to the persons indicated below (being either related to me or financially dependent upon me): -

Full Name and Address	Relationship	Proportion of Benefit E.g. 100%

I understand that in exercising their discretion as to the disposal of the benefits, the *Trustees* will not be bound by this expression of my wishes, but I request that it be borne in mind.

This nomination supersedes any I have previously made.

Signature..... Date

