

To: The Trustee of the University of Warwick Defined Contribution Plan (Group Life)
c/o Pensions Team
The University of Warwick
Coventry CV4 8UW

The University of Warwick Defined Contribution Plan

EXPRESSION OF WISH FORM

To: The Trustee of The University of Defined Contribution Plan- Group Life

Please complete this form in black ink and block capital letters.

This form is applicable to Heritage Members of the University of Warwick Defined Contribution Plan.

I understand that while I am an active member of the University of Warwick Defined Contribution Plan a lump sum benefit may be payable on my death prior to retirement.

I understand that the application of such lump sums will be payable under the respective Trust Deed and Rules of the Group Life Plan at the complete discretion of the Trustee.

In exercising its discretion as to the payment of any such benefit I should like the Trustee to consider the person(s) named below as possible recipients in the proportions shown.

Full Name and Address of Proposed Recipient	Relationship (if any) to the member	Details of financial dependency/disability (if any)	Proportion of Death Benefits (if more than one recipient) %
			Total 100%

Please continue overleaf and sign the form before returning.

1. If there is further information which you think may help the Trustee in the exercise of its discretion, please attach any further pages and strike through here that you have done so. I have attached/not attached* further information to the form (*delete as appropriate).
2. This form will be kept in strict confidence.
3. If at any time you wish to alter the nomination you have made, because your personal circumstances change, then you should complete a new form.
4. In submitting this form you are authorising the Trustee and its advisers to hold, and in the event of your death, use this information in accordance with General Data Protection Regulations.
5. I note that once I have ceased to be an Active Member of the Plan then there is no life cover lump sum benefit payable in the event of my death.

Please sign and return this form to the Pensions Team or pensions@warwick.ac.uk

Member's Signature _____

Full Name: (BLOCK CAPITALS) _____

Date _____

Note: This nomination form is in respect of a separate life cover arrangement for staff and is not part of the Standard Life Master Trust.