

To: **The Trustee of The University of Warwick Pension Scheme**
c/o Human Resources Pensions
The University of Warwick
2nd Floor North
University House
Coventry CV4 8UW

THE UNIVERSITY OF WARWICK PENSION SCHEME
DEFINED BENEFIT SECTION
EXPRESSION OF WISH FORM

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

I fully understand that the application of certain lump sums (including any Additional Voluntary Contributions paid to either the Defined Benefit or Defined Contribution Sections of the Scheme) or dependant's pensions which may be payable under the Trust Deed and Rules of the Scheme on my death are at the complete discretion of the Trustee. (In relation to dependant's pensions the University's consent is also needed).

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. When completed place in the sealed envelope and give it to Human Resources Pensions. Please put your name, signature and date of completion on the front corner of the envelope.
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. Any earlier nomination forms will be destroyed, unopened and the Trustee will only consider the most recently dated nomination form.
4. In submitting this envelope you are authorising the Trustee and its advisers to hold, and in the event of your death, use this information in accordance with the requirements of the Data Protection Act 1998.

Please sign and return this form to **Human Resources Pensions.**

Member's Signature

Full name: (block capitals)

Date **20**

