

Expression of wish

Fill in this form with details of who you would like the trustees to consider for any lump-sum death benefits due from the pension scheme. The trustees can decide who will receive these benefits but will take your wishes into account, although they do not legally have to follow them.

Once you have filled in this form, please return it to:

Premier
PO Box 108
BLYTH
NE24 9DY

Fill in this form using BLOCK CAPITALS and black ink. Mark answers with an X.

Your details

Scheme name	<input type="text"/>
Member reference	<input type="text"/>
First name and surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Home and mobile phone	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>

Fill in this form with details of who you would like the trustees to consider for any lump-sum death benefits due from the scheme. The trustees can decide who will receive these benefits but will take your wishes into account, although they do not legally have to follow them.

	Nomination 1	Nomination 2
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to you	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Percentage of sum	<input type="text"/> % Not more than 100% for all nominations.	<input type="text"/> % Not more than 100% for all nominations.



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	Nomination 3	Nomination 4
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to you	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Percentage of sum	<input type="text"/> % Not more than 100% for all nominations.	<input type="text"/> % Not more than 100% for all nominations.



If your circumstances change, or you change your mind about who should receive your death grant, ask your Human Resources department or us for another expression of wish form.

When we and Human Resources receive the new form, we will automatically cancel the earlier one.

It is your responsibility to keep your expression of wish form up to date.

Important information

Using your information: We and the trustees take your privacy very seriously. We use the personal information from this form and any other information that you give us to:

1. provide you with products and services and deal with your enquiries and requests;
2. handle your benefits including processing claims and making payments; and
3. carry out market research and analyse statistics.

We do not share information with anyone else for marketing purposes.

Disclosures: We will release your information to other companies within the Premier Pensions Management group of companies, regulatory bodies, law-enforcement agencies, future owners of our business, suppliers we employ to process data on our behalf and when necessary, to an insurance company if an annuity is being bought or benefits provided by them.

We will check your details with fraud-prevention agencies. If you give false or inaccurate information and we identify fraud, we will pass your details to fraud-prevention agencies. Law-enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when processing a claim to pay benefits.

Access: You have the right to ask for a copy of your information if you pay a small fee.

To get a copy of your information, please write to:

Premier
PO Box 108, BLYTH NE24 9DY

Phone 0800 122 3200 / 020 3727 9850
Email admin@premiercompanies.co.uk

Sign and date

I have read the membership booklet and understand that if I die any lump-sum death benefit due from the pension scheme will be paid by the trustees as they decide. In making their decision I would like them to consider the people named above to receive the benefits. This form replaces any earlier nominations I have made.

Signature and date

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