## **EXPRESSION OF WISH FORM**

MEMBER'S NAME	
MEMBER NUMBER	

## **LUMP SUM BENEFIT PAYABLE ON DEATH**

The Trustee cannot be bound by this nomination but will take your wishes into account in deciding to whom any payment should be made. If your personal circumstances change, it is important that you complete and submit a fresh nomination, thereby ensuring that your current wishes are on record.

I hereby request that any cash sum which becomes payable upon my death, under the provisions of the Superannuation Rules, be utilised as follows and add up to 100%:

Names of preferred recipient(s)	Relationship to Member (e.g. Spouse, Dependant, Relative, Friend and/or Legal Personal Representatives)	If payment is to be shared, give percentage payable to each preferred recipient

## Please Note...

This Expression of Wish Form supersedes all previous nominations.

R.L. Pensions Trustees (R.O.I.) CLG, (the "**Trustee**", "**We**" or "**Us**"), as the trustee of the Scheme, require Personal Data relating to you to administer the Scheme and pay the benefits. In legal terms, the Trustees are a data controller and, as such, we are required by data protection law, including the General Data Protection Regulation (EU 2016/679) ("**GDPR**") to provide you with information in relation to the collection, holding, use, disclosure and transfer (known as "processing") of personal information (or "**Personal Data**") relating to you. This Data Protection Notice describes how and why we collect Personal Data and what we do with it. The full notice is available on request from Colleague Pensions or here <u>webpage</u>

Signature	Date	

**Return by email to RLPensions@royallondon.com**, or you can post to Colleague Pensions, Royal Liver Assurance Limited Superannuation Fund, Royal London House, Alderley Park, Congleton Road, Cheshire, SK10 4EL.