

## Sicame Electrical Developments Limited Pension Scheme

### EXPRESSION OF WISH FORM

#### For completion by the member

To: The Trustees of the Sicame Electrical Developments Limited Pension Scheme (the Scheme)

In the event of my death, I wish that the Trustees consider my request for any lump sum death benefit payable from the Scheme to be paid to the following individual(s) in the proportions shown. This form supersedes any similar form which I have previously completed.

Name and Address	Relationship	Proportion of benefits (%)
Please continue overleaf if necessary. This should also be signed		

#### Consent

We will use the information you provide above, including your beneficiary's personal data, so that in the event of your death, we can consider your request as to whom you would like to receive any benefits payable under the Scheme. The Trustees and their administrators (currently First Actuarial LLP) will then hold the information on record. To do this, we need your consent.

By signing this form, you confirm that:

- you consent to us using the personal data in this way.
- you have appropriate consent from the other individual(s) you have named above to give their details in this form.

If you do not consent to this, we will not be able to use this personal data to take your wishes into account.



Certificate Number 23786

## Sicame Electrical Developments Limited Pension Scheme

If at any time, having given your consent, you wish to withdraw your consent, please contact First Actuarial LLP.

For further information on how we use personal data, please see our privacy policy. A copy is available on our website [www.firstactuarial.co.uk](http://www.firstactuarial.co.uk) or is available on request by calling 01732 207575 or writing to us at [chris.campbell@firstactuarial.co.uk](mailto:chris.campbell@firstactuarial.co.uk).

### **Declaration**

**I give permission for the Trustees and First Actuarial to gather, use and keep on record, personal data for the purpose of considering any benefits payable in the event of my death.**

**Signed:**

**Date:**

**Full name:**

**National Insurance Number**

In the event of any change in circumstances, it is your responsibility to see that any alteration in your wishes is made known to the Trustees by submitting a further form. Further forms can be obtained from First Actuarial LLP.

### **What you need to do**

This form should be returned to First Actuarial in a sealed envelope to be opened in the event of your death. The outside of the envelope should be marked clearly with:

- 'Expression of wish form';
- Your name;
- Your national insurance number;
- Your date of birth; and
- Date the form was signed

Please send this to:

First Actuarial LLP  
Fosse House  
182 High Street  
Tonbridge  
Kent  
TN9 1BE