

SchemeName: Thus Group PLC Pension Scheme

Expression of Wish form for death benefits

Your information

Surname	
Forenames	
Title	Mr / Mrs / Miss / Ms*
Date of birth/...../.....
Member reference	
National Insurance number	

I understand the lump sum amount is payable at the discretion of the trustees. I would like the money to be split as follows:

Name:	Relationship:
Address:	Date of birth:
	Proportion: %

Name:	Relationship:
Address:	Date of birth:
	Proportion: %

Name:	Relationship:
Address:	Date of birth:
	Proportion: %

Name:	Relationship:
Address:	Date of birth:
	Proportion: %

Continue on another form if necessary. Tick here if you have used another form

I'd like you to consider my wishes, which I've indicated above. But I understand the payment of benefits is at the trustees' discretion and they won't be bound by my request.

I understand that this form will be scanned and the data on it held electronically and securely by the Scheme's administrators under the terms of the Data Protection Act 1998 ("the Act") and will only be made available to persons entitled under the Act to view it. For the purposes of the Act, by signing this form I am confirming that I and the beneficiaries I have nominated, where appropriate, agree to this data being processed for the purposes set out above.

I confirm that this form revokes and replaces any previous Expression of Wish that I may have made before the date shown below.

Your signature **Date**

Please make sure the total of the percentages amounts to 100%.

You should fill out another Expression of Wish form if there's any change in your personal circumstances in the future.