

# Vodafone Pensions



## Expression of wish form

### Your details (please use CAPITAL letters)

Surname:

Title:

First name(s):

Date of birth:

National Insurance Number:

Complete this form to let the Trustee of the Vodafone Group Pension Scheme (the Scheme) know who you want to receive the benefits payable when you die.

### Nominations

I would like to nominate the person(s) named below to receive benefits from the Scheme in the event of my death (please continue on a separate sheet if necessary)

Name of recipient	Relationship	Address	% of benefit
			Total 100%

Please turn over to sign the declaration

## Declaration

I understand that:

- This form replaces any previous expression of wish form I have completed.
- In the event of my death and before paying any benefits, the Trustees will take into consideration my wishes detailed on this form.
- The Trustee has complete discretion as to who receives any benefits payable on my death.
- If my circumstances change it is my responsibility to keep my expression of wish form up to date.

Signed:

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Date:

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### **Please return this form to:**

Vodafone Pensions, Willis Towers Watson, PO Box 545, Redhill, Surrey, RH1 1YX

If you would like to keep your nomination(s) confidential you can return this form in a sealed envelope marked with your name, date and 'Expression of Wish Form'.