

## The Volker Stevin Limited Pension Scheme

### EXPRESSION OF WISH FORM

#### For completion by the member

To: The Trustee of the Volker Stevin Limited Pension Scheme (the "Scheme")

In the event of my death I wish that the Trustee 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.

I appreciate that this form is in no way binding on the Trustee who have the discretion to apply the benefit as they see fit.

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 / beneficiaries' 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 Trustee 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.

If at any time, having given your consent, you wish to withdraw your consent, please contact the Scheme administrator.

## The Volker Stevin Limited Pension Scheme

For further information on how we use personal data, please see our privacy policy. A copy is available on our website <https://volkerstevin.myscheme.online/> or is available on request by calling 0113 818 7300 or writing to us at First Actuarial LLP, Mayesbrook House, Lawnswood Business Park, Leeds LS16 6QY.

### **Declaration**

**I give permission for the Trustee 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 Trustee by submitting a further form.

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

This form should be completed and placed 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

The sealed envelope should then be returned to the Scheme administrator at First Actuarial LLP, Mayesbrook House, Lawnswood Business Park, Leeds LS16 6QY. Please ensure you place your sealed envelope within another envelope for the purposes of posting.