

# Expression of Wish Form

To: The Trustee of the Defined Contribution (DC) Section of the Prudential Staff Pension Scheme (the Scheme).

Please complete the following using **BLOCK CAPITALS**.

You may also provide this information online. Simply go to the Scheme website [www.prudentialstaffps.co.uk](http://www.prudentialstaffps.co.uk) and click or tap on the My account button.

<b>Title</b>		<b>National Insurance number</b>	
<b>First name(s)</b>		<b>Surname</b>	

I, the undersigned, have read the explanatory literature for the DC Section and fully understand that if I die before retirement any **lump sum death benefits** or **Spouse's / Civil Partner's / Dependants' pension benefits** that may be payable under the provisions of the DC Section will be distributed by the Trustee in its absolute discretion. However, I wish to nominate for this purpose the person(s) specified below and overleaf and I understand that, before exercising the discretion, the Trustee will give full consideration to my wishes. This Form supersedes any earlier nomination made by me.

## BENEFICIARIES FOR LUMP SUM DEATH BENEFITS

<b>1st Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>2nd Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>3rd Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>4th Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%

ONCE YOU HAVE COMPLETED THE APPROPRIATE SECTION(S), SIGNED AND DATED THE FORM PLEASE RETURN TO YOUR LOCAL HR TEAM OR TO THE PSPS DC SERVICE CENTRE AT THE FOLLOWING ADDRESS: Prudential (PSPSDC), LANCING, BN15 8GB

## BENEFICIARIES FOR SPOUSE'S/CIVIL PARTNER'S/DEPENDANTS' PENSION BENEFITS

Your nominations for these benefits may only include your Spouse, Civil Partner and/or Dependant(s) as defined in the Member Booklet.

The eligibility of your nomination will be decided by the Trustee.

<b>1st Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>2nd Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>3rd Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%
<b>4th Beneficiary (full name)</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Relationship (if any)</b>	
		<b>Proportion of benefit</b>	%

Before signing please ensure you have completed all sections of the Form. If you are unsure as to how to complete the Form, please call the Helpline on **0345 300 2637**.

<b>Your signature</b>		<b>Date (dd/mm/yyyy)</b>	
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### YOUR PRIVACY IS IMPORTANT

The Trustee knows how important it is to keep the information it holds about you private. If you wish to see the Trustee's full Data Privacy Statement this can be accessed via the Scheme website [www.prudentialstaffps.co.uk](http://www.prudentialstaffps.co.uk). You will find a link to the Data Privacy Statement in the footer of each page of the Scheme website.

If you do not have access to the Scheme website you can request a copy of the Data Privacy Statement to be sent to you by writing to: Prudential (PSPS DC), 121 Kings Road (Ground Floor C), Reading RG1 3ES

### SMALL PRINT

Company means The Prudential Assurance Company Limited or any associated company/employer that offers you membership of the Scheme through your contract of employment.

All benefits are payable in accordance with the Trust Deed and Rules, the legal document governing the Scheme. In the event of any discrepancy between any information provided to you and the Trust Deed and Rules, the Trust Deed and Rules will prevail.

#### Notes

- › If you have already completed an 'Expression of Wish Form' the information on this Form will supersede what has already been provided. This Form will be regarded as cancelling any previous request to the Trustee.
- › You may provide more than four nominations for each of the lump sum death benefits and Spouse's/Civil Partner's/Dependants' pension benefits. If you wish to do so, please continue on a separate sheet.