

Expression of Wish form

How to fill out this form

Please use black ink and CAPITAL LETTERS or tick as appropriate.

Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

Any forms not filled out in CAPITAL LETTERS will not be accepted.

The Prudential is the administrator of the Prudential Pension Scheme. Prudential will have discretion on the distribution of the death benefits. Prudential cannot be compelled to follow your wishes (because this could lead to inheritance tax liabilities). However, we want you to tell us the details of how you would want any death payments distributed, so your wishes are clear.

If the member is a child this form should be filled in and signed by the parent or guardian.

It is important that you update your expression of wish should your circumstances change.

Please note: This expression of wish form applies to your entire Retirement Account (both Pensions Savings and Pension Income Account).

To Prudential: Please consider the following as possible recipients of any benefits which are payable at your discretion on my death while a member of the Scheme.

A – Member's details

Title Mr Mrs Miss Ms Ms Dr

Other

Surname Full Forenames

National Insurance number (If applicable) Retirement Account number

B – Proposed beneficiaries – details

I understand that, in exercising any discretion, you will not be bound in any way by my wishes, but I would like you to bear them in mind. If you want to put a proportion of benefits then fill in the %age box ensuring that the total adds up to 100%. If you have any specific wishes which you would like us to consider then please fill this in at the end.

Use this section to detail any Proposed beneficiary where the beneficiary is an individual.

Beneficiary 1

Contact addresses

Postcode

Relationship to you (if any) Proportion of benefits %

B – Proposed beneficiaries – details – continued

Beneficiary 2

Contact addresses

Postcode

Relationship to you (if any)

Proportion of benefits

%

Beneficiary 3

Contact addresses

Postcode

Relationship to you (if any)

Proportion of benefits

%

Use this section to detail the Proposed beneficiary where the beneficiary is not an individual eg Charity, Trust. If you would like a specimen trust, please contact us.

Trust/Charity name

Contact addresses

Postcode

Proportion of benefits

%

If you need to tell us of any additional beneficiaries, please complete these on a separate sheet. If you have any specific requests, please provide details. This request does not bind Prudential but we will take it into account.

This request cancels any I have made previously on this matter. When supplying information relating to other living individuals, I agree that I have the consent of these individuals to supply that information, and for Prudential to process the information.

Signature of member or parent or legal guardian if member under 18.

Date

D	D	M	M	Y	Y	Y	Y
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Print name

Separate sheet attached. Please ensure that your Retirement Account number is quoted on the separate sheet.

If you want to change these details later, you should write to Prudential, quoting your Retirement Account number and the revised information.

If you have any questions about this form, you can call us on 0345 268 0488 between 8am and 6pm Monday to Friday. Please return this form to: Prudential, Retirement Account, Lancing BN15 8GB.