

1Life Management Solutions Limited Pension Scheme

EXPRESSION OF WISH FORM

For completion by the member

To: The Trustee of the 1Life Management Solutions 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.

Name and Address	Relationship	Proportion of benefits (%)
Please continue overleaf if necessary. This should also be signed		

To: The Trustee of the 1Life Management Solutions Limited Pension Scheme (the Scheme)

In the event of my death I wish to nominate the person named below to receive the dependant's pension payable by the Scheme. This supersedes any similar form, which I have previously completed.

Name	
Date of birth	
Address	
Contact number	

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.

1Life Management Solutions Limited Pension Scheme

Consent

We will use the information you provide above, including your beneficiary's 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 [Declan Boyle](#).

For further information on how we use personal data, please see our privacy policy. A copy is available on request by calling [0161 348 7498](tel:01613487498) or writing to us at manchester.admin@firstactuarial.co.uk.

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. Further forms can be obtained from First Actuarial.

What you need to do

This form should be returned to your us at:

First Actuarial LLP, Trafford House, Chester Road, Manchester M32 0RS