

Expression of wish form

For lump-sum benefits payable in the event of your death



PENSION
FUND

Under the Fund Rules, a lump-sum benefit may be payable on the death of:

- an active member,
- a deferred member, if you die before taking your pension, or
- a pensioner, if you die within the first five years of taking your pension.

If you fit into one of the above categories, use this form to let us know the individual(s) you would like to be considered to receive any lump-sum benefits that may be payable in the event of your death.

Please complete the three sections of the form, and return it to:

ICI Pension Fund, Towers Watson, PO Box 545, Redhill, Surrey RH1 1YX

YOUR PERSONAL DETAILS

Please provide your personal details that are currently held in the Fund, so we can locate your membership data.


Member name (in CAPITALS):	<input type="text"/>									
Pension/payroll reference no:	<input type="text"/>	NI no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOMINATION OF BENEFICIARIES

In the event of my death, I would like the following individuals to be considered for a lump-sum benefit:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total 100%

 If you wish to nominate additional beneficiaries, please include their details on the back of this form, ensuring the total benefit proportions add up to 100%.

REASON FOR NOMINATION(S) (OPTIONAL)

Including information about your wishes may help the Trustee to understand the reasons for your nomination and to carry through your wishes. Please provide any additional information on the back of this form. All information provided will be kept in the strictest confidence until your death.

YOUR SIGNATURE

I would like the person(s) named above to be considered for any lump-sum benefits under the rules of the Fund, in the event of my death. I understand that the Trustee has complete discretion over the payment of the lump-sum benefit and although the Trustee is prepared to consider my wishes, my request is not binding on the Trustee.

This Expression of Wish form supersedes any previous requests signed by me and I reserve the right to revise my request in writing at any time.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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