

Expression of wish form

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



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 use BLOCK CAPITAL letters

YOUR PERSONAL DETAILS

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

Member name:	<input type="text"/>		
Pension/payroll reference no:	<input type="text"/>	National insurance number:	<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:

Name and address:	Proportion (%):
<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 a piece of paper and attach to 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 along with this form. All information provided will be kept in the strictest confidence until your death.

DATA PROTECTION

The Trustee (ICI Pensions Trustee Limited), whose registered office is at 5th Floor, 36-38 Botolph Lane, London EC3R 8DE, is the “data controller” in respect of personal data processing for the administration of the Fund.

In processing your personal data, the Trustee may:

- process your sensitive personal data such as information regarding your health records;
- pass on personal data to third parties which may include the Fund’s sponsoring employer, professional advisers, administrator, insurance companies, counterparties to Fund investments, as may be necessary or desirable for the operation of the Fund; and
- retain your personal data for legitimate business reasons or to comply with applicable laws.

In the event that your personal data is sent outside the EEA, the Trustee will still process your personal data in accordance with the applicable data protection laws, and will take reasonable steps to ensure that your personal data is handled securely and in accordance with the data protection policy at www.icipensionfund.org.uk.

In certain circumstances, your personal data may be passed to service providers who act as data controllers.

You can find out more about how the Trustee uses your personal data and your rights with respect to that personal data in our data protection policy at www.icipensionfund.org.uk.

YOUR SIGNATURE AND DECLARATION

I confirm that I have notified the person(s) named above of the purpose of this form and each person has agreed to me providing their personal details to the ICI Pension Fund for the purposes of making decisions relating to the payment of benefits.

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:

Date:

Please return your completed form to us at:

Email: ici@willistowerswatson.com

Post: ICIPF, PO Box 545, Redhill, Surrey RH1 1YX