Expression of Wish and Nomination (including Charities and Trusts)



Please complete the form in BLOCK CAPITALS using black ink.

In the event of your death your pension will usually provide benefits. Please use this form to name the individuals you would like us to consider when exercising our discretion as scheme administrators as to whom any benefits may be paid. This expression of wish does not bind the scheme administrators. If you would like to name more individuals, charities and/or trusts, please print an additional page and attach it to this form.

Please note this request will supersede any previous Expression of Wish Form you have sent us, and will apply to all your pension accounts with us. You should keep a copy of this form for your records.

When completed, please return to Fidelity, PO Box 391, Tadworth, KT20 9FU.

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Ab	out you			
	details			
Title				
	Ir Mrs Ms Other:			
Full	ame			
Nati	nal Insurance number Pension a	ccount numbe	r (if known)	
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	se complete this section to name the			
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Beneficiary details (continued) **Beneficiary 3** Title Other: Mr **Full Name** Relationship to you Date of birth Percentage (if you are naming more than one beneficiary the percentages must equal 100%) **Beneficiary 4** Title Mr Mrs Ms Other: **Full Name** Relationship to you Date of birth Percentage (if you are naming more than one beneficiary the percentages must equal 100%) % **Nominees**

2

Please complete this section if you wish to name individuals [who have not already been named in Section 2] solely as nominees. This is for the purpose of potentially allowing nominee death benefits to be paid when in the event that, when exercising our discretion, death benefits are not paid to the individuals in Section 2 of this form and instead become payable after the exercise of our discretion to such named individuals.

No		-	

Title		
Mr Mrs Ms	Other:	
Full Name		
Relationship to you		Date of birth

3 Nominees (continued)

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4 Charity Nomination

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5 Trust nomination

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Please note Fidelity and the scheme administrators are not Trust experts and cannot be held responsible for ensuring a Trust fulfills the purpose for which it was intended.

6 Declaration

To Financial Administration Services Limited (the administrator), I understand and declare that:

- · this form cancels any previous expression of wish form completed by me for my Pension
- · the administrator is not bound by my wishes expressed in any section of this form
- the individuals named in section 2 of this form are also nominated by me as nominees for the purpose of section 27A(1) part 2 schedule 28 of the Finance Act 2004
- the individuals named in section 3 of this form are nominated solely for the purposes of section 27A(1) part 2 schedule 28 of the Finance Act 2004, in the event that death benefits are paid to them
- subject that no individual named by me as a nominee shall be a nominee at the time of my death where that individual is a dependant of mine (as defined in Finance Act 2004)
- · that I may change my mind at any time by completing a new expression of wish form
- · that you will take a scanned copy of this form and will store it for future reference

Your signature

By signing here I confirm that I have read and completed all relevant sections as per the instructions on this form.

Signature	
	1
	Date