

Expression of Wish



Please either the complete this form in BLOCK CAPITALS, then sign and date the form, returning it to your HR Department at or visit www.hartlinkonline.co.uk/mydowpension and complete it on there
Diamond House, Kingsbury Crescent, Staines TW18 3AG

To: The Trustees

Full name of member:

Employee ID number: U

☐ I am a member of The Dow Services UK Pension Plan

SECTION A: Lump sum death benefit (all members)

In the event of my death, I would like the Trustees to pay any lump sum benefit under the Plan to the following person(s), in the proportions shown:

Full name:

Address:

Post Code:

Relationship (if any)

% of benefit

Full name:

Address:

Post Code:

Relationship (if any)

% of benefit

Full name:

Address:

Post Code:

Relationship (if any)

% of benefit

Total = 100%

PERSONAL AND CONFIDENTIAL

Notes:

You may nominate anybody to receive the lump sum benefit payable on your death under the Plan, whether or not they are related or financially dependent on you. If you wish to nominate more than 3 people, please attach a separate sheet of paper.

Pensions
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SECTION B: Pension payable on death (unmarried members)

If I am unmarried at the date of my death, I request the Trustees to pay a pension to:

My children

Full Name:

Address:

Post Code:

Date of birth:

Full Name:

Address:

Post Code:

Date of birth:

Full Name:

Address:

Post Code:

Date of birth:

and/or

A dependant

Full Name:

Address:

Post Code:

Date of birth:

Notes:

- 1 If you are married at the date of death, a pension is automatically paid to your spouse.
- 2 If you wish your children to receive a pension, they must at the date of your death be under age 18, or under age 23 if in full-time education or vocational training.
- 3 Any dependant must at your death be financially dependent on you (or reliant on your joint income).
- 4 A dependant's pension is payable for life. Any children's pension is paid until age 18, or up to age 23 if the child is in full-time education or vocational training.

SECTION C: (all members)

This form cancels any previous form completed by me.

I understand that the Trustees have absolute discretion over the payment of any benefit and, although they will consider my wishes, this form is not binding on them.

I request the Trustees to keep this form safely, unless cancelled by me. I understand that the information it contains will only be used in the event of my death.

Signed:

Date:

Notes:

- 1 Before you send your completed form to HR, you may wish to take a copy. In the interests of confidentiality, you may wish to return your form in a sealed envelope marked 'Expression of Wish', with your full name and the date. It will not be opened except in the event of your death.
- 2 **If your PERSONAL AND CONFIDENTIAL circumstances change or you would like to change your wishes at any time, you should complete a new form, available from HR Department.**

Pensions

The Dow Services UK Pension Plan