

EXPRESSION OF WISH FORM

Use this form to tell the Trustee who you would like to receive your benefits in the event of your death. Please complete and return the original form to the Scheme's administrators, Willis Towers Watson, and keep a copy for your records. You can also update this form on ePA if you prefer.

For details of benefits payable, please refer to the myPension Scheme Guide or, if you are a deferred Defined Benefit Scheme member, you can find details on the Pension Scheme website.

SECTION 1 – YOUR DETAILS

COMPLETE ALL FIELDS CLEARLY USING CAPITAL LETTERS.

Surname:

Forename(s):

Title (Mr, Ms, etc):

Gender (M/F):

Date of birth:

National Insurance number:

Employee number:

SECTION 2 – YOUR NOMINATIONS (CASH SUM)

A. FIRST-CHOICE BENEFICIARY (CASH SUM)

In the event of my death, I would like the Trustee to consider making payment of any cash sum payable to the person(s) named below.

Name	Address	Relationship to you	Share (%)
Total (must total 100%)			

B. SECOND-CHOICE BENEFICIARY (CASH SUM)

If my first wish fails, e.g. due to the death of my first-choice beneficiary, I would like the Trustee to consider my wishes as follows:

Name	Address	Relationship to you	Share (%)
Total (must total 100%)			

SECTION 3 – YOUR NOMINATIONS (PARTNER’S PENSION)

A. FIRST-CHOICE BENEFICIARY (PARTNER’S PENSION)

In the event of my death, I would like the Trustee to consider making payment of any partner’s pension due to the person named below.

Name	Address	Relationship to you

B. SECOND-CHOICE BENEFICIARY (PARTNER’S PENSION)

If my first wish fails, e.g. due to the death of my first-choice beneficiary, I would like the Trustee to consider my wishes as follows:

Name	Address	Relationship to you

SECTION 4 – YOUR CHILDREN


To help keep our records up to date, please provide the following details about your children under the age of 23.

Name	Date of birth

SECTION 5 – YOUR DECLARATION

Please confirm you agree with the following statements by signing the declaration below.

- I understand that this is only an expression of my wishes which is not binding on the Trustee of the Scheme and which may at any time be revoked or revised by a further written request from me.
- I consent to the Trustee of the Scheme and my employer keeping records and using information relating to me so far as necessary for the purpose of running the Scheme and paying benefits, including death-in-service benefits. I understand that this will include passing on personal data about me to the Scheme advisers, administrators and any other third party where it is necessary to do so for the proper running of the Scheme. The use of personal information I give will be held and processed in accordance with Data Protection Act 1998.

Signed:		Print 
Print full name:	Date:	

Please complete and return the original form to Willis Towers Watson at the following address: The Sony United Kingdom Pension Scheme, PO Box 545, Redhill RH1 1YX. Remember to keep a copy for your records.

Data protection

The Company, the Trustee, the administrators and advisers need to hold and process information about you connected with the Scheme. This information is held on paper and in digital form, and may include 'sensitive' information. At all times this personal information will be held and processed in line with the Data Protection Act 1998. The Act gives you the right to see your record if you ask, but you may have to pay a small fee for this.