

Expression of wish form

To: The Trustees of the Wessex Water Group Life Plan, Wessex Water, Claverton Down,
Bath, BA2 7WW

Surname (please print)

Employee ID

Forenames (please print)

Date of birth

Home address

PAYMENT OF LUMP SUM

In the event of my death while a member of the Plan, I understand the lump sum benefit is paid at the complete discretion of the Trustees. However, I would like the Trustees to consider the person(s) named below as possible recipients of the benefit in the shares specified (*please ensure your shares total 100%*).

You can nominate one or more persons/organisations if you wish (see Note 2 overleaf).

1. Full Name (in capitals)

Share

%

Full Postal Address
(in capitals)

Relationship to me (if any)

2. Full Name (in capitals)

Share

%

Full Postal Address
(in capitals)

Relationship to me (if any)

3. Full Name (in capitals)

Share

%

Full Postal Address
(in capitals)

Relationship to me (if any)

Please continue on a separate piece of paper if you're unable to show your precise wishes on the form as printed.

I understand that these requests are not binding on the Trustees and do not in any way restrict their powers under the Rules. I also understand that this form cancels any Expression of Wish Form I have previously submitted to the Trustees.

PENSION PROTECTION

Please provide details of any registered protection you have in place or applied for.

Pension protection notification number	Scheme administrator reference
<input type="text"/>	<input type="text"/>

Please turn over to sign this form

EXISTING PENSION BENEFITS

To ensure payment of any lump sum benefit does not exceed HMRC lifetime allowance limits, please confirm below if you have to date received any pension related cash sums and/or are in receipt of a retirement income.

Pension provider	Type of benefit taken	Retirement date	Amount of SLA used

SPOUSE/PARTNER AND DEPENDANT CHILDREN DETAILS

To help the Trustees establish whether the additional lump sum benefit is payable, please provide details of any spouse/common law or civil partner and dependent children i.e children up to age 17 or age 21 if they are in full-time education

Full Name (in capitals)	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to me	<input type="text"/>
Full Name (in capitals)	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to me	<input type="text"/>
Full Name (in capitals)	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to me	<input type="text"/>
Full Name (in capitals)	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to me	<input type="text"/>

Signature **Date**

Notes

1. Please continue on a separate piece of paper if you're unable to show your precise wishes on the form as printed.
2. When complete, please return this form to the Pensions Team, Claverton Down, Bath, BA2 7WW.
3. This form is in respect of the death benefits payable from the Wessex Water Group Life plan and the death benefits payable from your pension fund value.
4. Provision for the additional lump sum payment will only apply if you are paying contributions at the standard level or higher level and you leave an eligible spouse or partner and/or dependant children under the age of 17 (or 21 if in full-time education or unable to work because of permanent incapacity).
5. In the event that payment of any lump sum benefit due might exceed your available lifetime allowance, your beneficiary(s) will be liable to pay any tax due directly to HMRC. The trustees or their administrators are not responsible for any tax payment that might be due.
6. Should you require any further information regarding completion of this form you should contact the Pensions Team.
7. Personal data provided on this form will be handled by the Trustee of the Wessex Water Group Life plan and the Trustees of the Aon MasterTrust, both as data controllers, and by their authorised third parties, in accordance with applicable data protection law and as described in the Trustee's and Aon's fair processing notice. If you would like any further information then you can obtain a copy of these notices by contacting the Pensions Team, Wessex Water, Claverton Down, Bath, BA2 7WW.
Email pensions@wessexwater.co.uk