

NOW: Pensions Trust

Expression of wish form

Please fill in this form using CAPITAL LETTERS.

First name(s)				Last name			
Address							
					Postcode		
Date of birth				National Insurance number			
Employer's name							
<p>If I die, I would like the Trustee to consider paying benefits to the following people or organisations in the percentages I've shown below. (The percentages must add up to 100%. If you have more than four beneficiaries, please write their details on a separate sheet of paper and send it with this form.)</p>							
My beneficiaries							
Name 1				Relationship			
Address						Percentage	%
Name 2				Relationship			
Address						Percentage	%
Name 3				Relationship			
Address						Percentage	%
Name 4				Relationship			
Address						Percentage	%
<p>I understand this is only an expression of wish which is not binding on the Trustee. I also understand I can cancel or change it at any time by sending another expression of wish form.</p> <p>By signing below, I agree that NOW: Pensions can process my personal details (and sensitive personal details, where this applies) to manage my pension – including processing my expression of wish form – in line with:</p> <ul style="list-style-type: none"> the NOW: Pensions privacy policy at nowpensions.com/privacy-policy and the enclosed data protection factsheet. 							
Signature					Date		

Please return this form to: NOW: Pensions, Post Handling Centre, Maclaren House, Talbot Road, Stretford, Manchester, M32 0FP, or scan and email it to: membersupport@nowpensions.com.