

Expression of wish

Fill in this form with details of who you would like the trustees to consider for any lump-sum death benefits due from the pension scheme. The trustees can decide who will receive these benefits but will take your wishes into account, although they do not legally have to follow them.

Once you have filled in this form, please return it to:

Premier
PO Box 108
BLYTH
NE24 9DY

Fill in this form using BLOCK CAPITALS and black ink. Mark answers with an X.

Your details

Scheme name	<input type="text"/>
Member reference	<input type="text"/>
First name and surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Home and mobile phone	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>

Fill in this form with details of who you would like the trustees to consider for any lump-sum death benefits due from the scheme. The trustees can decide who will receive these benefits but will take your wishes into account, although they do not legally have to follow them.

	Nomination 1	Nomination 2
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address line 1	<input type="text"/>	<input type="text"/>
Address line 2	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Percentage of sum	<input type="text"/> % Not more than 100% for all nominations.	<input type="text"/> % Not more than 100% for all nominations.

Expression of wish

	Nomination 3	Nomination 4
Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address line 1	<input type="text"/>	<input type="text"/>
Address line 2	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Percentage of sum	<input type="text"/> % Not more than 100% for all nominations.	<input type="text"/> % Not more than 100% for all nominations.



If your circumstances change, or you change your mind about who should receive your death grant, ask us for another expression of wish form.

When we receive the new form, we will automatically cancel the earlier one.

It is your responsibility to keep your expression of wish form up to date.

Important information

Premier and the Trustees of your pension scheme take privacy very seriously.

Information use: We use the personal information from this form and any other information that you give us to: value your pension, maintain records for the purpose of payment of pensions, pension-related payments, pension communication, market research and to analyse statistics.

Information sharing: We will release information disclosed on this form to other companies within the Premier Pensions Management group of companies (and any future owners), the Trustee's professional advisers, insurance companies (where requested by the Trustees of your pension scheme or you), other service providers who hold or process your data on our behalf and third parties to whom we are required to transfer data by law or regulatory requirements (e.g. government and regulatory authorities).

Fraud Prevention: We will check the details provided on this form with fraud prevention agencies. If you give false or inaccurate information and we identify fraud, we will pass your details to fraud prevention agencies. Law-enforcement agencies may access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when processing a claim to pay benefits.

Privacy Notice: You can view a copy of our Privacy Notice here: <https://premieradministration.co.uk/privacy-notice> Please contact us if you would like to view the Privacy Notice specific to your pension scheme. If you have provided data on this form relating to third parties, such as your spouse, civil partner, co-habitee and/or children, you should inform the third party that you are doing this and share a copy of the Privacy Notices' with them so they understand how this data is processed.

Sign and date

I have read the membership booklet and understand that if I die any lump-sum death benefit due from the pension scheme will be paid by the trustees as they decide. In making their decision I would like them to consider the people named above to receive the benefits. This form replaces any earlier nominations I have made.

Signature and date

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