

EXPRESSION OF WISH FORM



Without binding them in any way, I would like the Trustees to consider the following person(s) when deciding who shall receive any lump sum benefits from the Plan on my death.

(Please complete in BLOCK CAPITALS. If you would like to add any further information, please do so in the notes box overleaf.)

Full name _____ Relationship to yourself _____
Date of birth if under 18 _____ Proportion of benefit _____ %
Address _____

Full name _____ Relationship to yourself _____
Date of birth if under 18 _____ Proportion of benefit _____ %
Address _____

Full name _____ Relationship to yourself _____
Date of birth if under 18 _____ Proportion of benefit _____ %
Address _____

Full name _____ Relationship to yourself _____
Date of birth if under 18 _____ Proportion of benefit _____ %
Address _____

Please sign and complete your details below:

Signature

Date

Full name _____
Personnel number _____ NI number _____

Please return this form to: Leonardo FuturePlanner, XPS Administration, PO Box 562, Middlesbrough, TS1 9JA

FuturePlanner Hotline: 0118 467 5900

FuturePlanner Mailbox: FuturePlanner@xpsgroup.com

Personal data (including any special category personal data – e.g. relating to health or sexual orientation) provided on this form will be handled by the Trustee of the Leonardo FuturePlanner, as a data controller, and by its authorised third parties, in accordance with applicable data protection law and as described in the Trustee's Fair Processing Notice, available to view within the Trustee Documents section at <https://www.futureplanner.co.uk/library>. Please note, if you are a member of multiple Leonardo pension arrangements, in the event of your death the Trustees of each scheme may reference any Expression of Wish form that you have completed for a Leonardo pension arrangement.

NOTES