

EXPRESSION OF WISH FORM

For completion by the member

To: The Trustee of the Riverside Group Pension Scheme (the Scheme)

In the event of my death I wish that the Trustee consider my request for any lump sum death benefit payable from the Scheme to be paid to the following individual(s) in the proportions shown. This form supersedes any similar form which I have previously completed.

Name and Address	Relationship	Proportion of benefits (%)

Please continue overleaf if necessary. This should also be signed

I appreciate that this form is in no way binding on the Trustee who has the discretion to apply the benefit as it sees fit.

I understand that this form applies to lump sum death benefits from the Riverside Group Pension Scheme, such as:

- Death before retirement: a lump sum equal to the member's contributions.
- Death after retirement within first five years: a lump sum equal to remaining pension instalments payable within that 5-year period

I understand that this form does **not** apply to death benefits from other trusts, such as:

- Any lump sum death benefit payable on death while employed by Riverside Group
- Any lump sum benefits payable from defined contribution (DC) schemes (other than AVCs held in the Riverside Group Pension Scheme).

Consent

We will use the information you provide on the previous page, including your spouse's personal data, so that in the event of your death, we can consider your request as to whom you would like to receive any benefits payable under the Scheme. The Trustee and their administrators (currently First Actuarial LLP) will then hold the information on record. To do this, we need your consent.

By signing this form, you confirm that:

- you consent to us using the personal data in this way.
- you have appropriate consent from the other individual(s) you have named above to give their details in this form.

If you do not consent to this, we will not be able to use this personal data to take your wishes into account.

If at any time, having given your consent, you wish to withdraw your consent, please contact First Actuarial LLP.

For further information on how we use personal data, please see our privacy policy.

Declaration

I give permission for the Trustee and First Actuarial to gather, use and keep on record, personal data for the purpose of considering any benefits payable in the event of my death.

Signed:

Date:

Full name:

National Insurance Number

In the event of any change in circumstances, it is your responsibility to see that any alteration in your wishes is made known to the Trustee by submitting a further form. Further forms can be obtained from the Trustee via First Actuarial LLP.

What you need to do

This form should be completed and returned to First Actuarial LLP. They will scan the form and hold it securely on your electronic record.