

University of Sussex Pension & Assurance Scheme
Expression of Wishes Form

Surname:		Title:	Mr / Mrs / Miss / Ms /
Forename(s):			
Date of birth:		NI number:	
Address:			

In the event of my death, I would like any lump sum benefits to be paid as follows:-

Name and Address	Relationship	Proportion

I understand that the Trustees have both a legal obligation to process and a legitimate interest in processing data relating to me or relating to any person whose data has been provided in connection with potential benefits payable on my death for the purpose of administering and operating the Scheme and paying benefits under it. This may include passing on this data to the Scheme's advisers and other such third parties as may be necessary for the administration and operation of the Scheme. For the avoidance of doubt, however, I hereby consent to the Trustees processing data relating to me for the above purposes and I confirm that the person(s) I have named above also consent to their personal data being held and processed by the Trustees and we are aware that the information may be stored electronically. I also note that the Trustees are regarded as Data Controllers for the purposes of the Data Protection Act 1998 in relation to the data processing referred to above.

Please sign:

Date:

Please print your name:

Please return this form to Barnett Waddingham, St James's House, St James's Square, Cheltenham, GL50 3PR, where the information will be treated as confidential.