

Expression of Wishes form

Use this form to tell the Trustees who you would like to receive any lump-sum benefit under The AQA Pension Scheme (the Scheme) if you die.

Please complete this form in black ink and return to The AQA Pension Administration team at:



Barnett Waddingham LLP,
7th Floor, Pinnacle,
67 Albion Street,
Leeds LS1 5AA

If you've any questions in relation to the form, please contact The AQA Pension Administration team:



0333 111 1222



AQA@Barnett-Waddingham.co.uk



You can change your wishes at any time by completing a new form.

Your details

Name

National Insurance No.

Date of birth

Address

Postcode

Please consider the following people for any lump-sum benefit under the Scheme if I die:

Name Share of the payment %

Address
Postcode

Name Share of the payment %

Address
Postcode

Name Share of the payment %

Address
Postcode

Name Share of the payment %

Address
Postcode

If you wish to select more than four nominees, please continue on a separate sheet.
You should keep a copy of this form for your own records. Total payment 100%

Data protection

I understand that, in accordance with data protection laws, the Trustees have a valid lawful basis for processing data relating to me for the purpose of administering and operating the Scheme and paying benefits under it.

Please refer to the privacy notice previously produced by the Trustees for further information. If you would like a copy of the privacy notice, please contact The AQA Pension Administration team using the contact details overleaf.

In order to maintain the confidentiality of your nomination(s), and to avoid impairing the ability of the Trustees to administer the Scheme and pay the correct benefits, the Trustees do not intend sending a privacy notice to anyone you have named on this form. We have assumed that you have informed those named individuals that you have included their details on this form.

Your authorisation

I acknowledge and confirm that the Trustees may regard the information contained in this form as up to date until such time as I complete and return a new form.

I am aware that this form is not legally binding, that the Trustees are not obliged to follow my wishes, but that the Trustees may consider my wishes when considering the exercise of their discretion over the payment of any lump sum that may be payable in the event of my death.

Signature Date