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| **Expression of wish form** |

**To: The Trustees of the Wessex Water Pension Scheme, Wessex Water, Claverton Down,**

**Bath, BA2 7WW**

Surname (please print) Employee ID

Forenames (please print) Date of birth

Home address

**PAYMENT OF LUMP SUM**

In the event of my death while a member of the Scheme, I understand the lump sum benefit is paid at the complete discretion of the Trustees. However, I would like the Trustees to consider the person(s) named below as possible recipients of the benefit in the shares specified *(please ensure your shares total 100%).*

You can nominate one or more persons/organisations if you wish (see Note 2 overleaf).

Share %

1. Full Name (in capitals)

 Full Postal Address Relationship to me (if any)

 (in capitals)

Share %

2. Full Name (in capitals)

 Full Postal Address Relationship to me (if any)

 (in capitals)

Share %

3. Full Name (in capitals)

 Full Postal Address Relationship to me (if any)

 (in capitals)

Please continue on a separate piece of paper if you’re unable to show your precise wishes on the form as printed.

I understand that these requests are not binding on the Trustees and do not in any way restrict their powers under the Scheme Rules. I also understand that this form cancels any Expression of Wish Form I have previously submitted to the Trustees.

**PENSION PROTECTION**

Please provide details of any registered protection you have in place or applied for.

**Please turn over to sign this form**

|  |  |
| --- | --- |
| **Pension protection notification number** | **Scheme administrator reference** |
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**EXISITING PENSION BENEFITS**

To ensure payment of any lump sum benefit does not exceed HMRC lifetime allowance limits, please confirm below if you have to date received any pension related cash sums and/or are in receipt of a retirement income.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension provider** | **Type of benefit taken** | **Retirement date** | **Amount of SLA used** |
|  |  |  |  |
|  |  |  |  |
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**SPOUSE/PARTNER AND DEPENDANT CHILDREN DETAILS**

To help the trustees establish whether the additional lump sum benefit is payable, please

provide details of any spouse/common law or civil partner and dependent children

i.e children up to age 17 or age 21 if they are in full-time education

Full Name (in capitals)

Date of Birth Relationship to me

Full Name (in capitals)

Date of Birth Relationship to me

Full Name (in capitals)

Date of Birth Relationship to me

Full Name (in capitals)

Date of Birth Relationship to me

**Signature …………………………………………………. Date …………………………………**

**Notes**

1. When completed, please return this form to the Pensions Team, Claverton Down, Bath, BA2 7WW.
2. For the lump sum payment you will probably wish to nominate a dependant or relative, but if you prefer you may nominate any person or persons (including a charity, society or club).
3. This form is in respect of the death benefits payable from the Wessex Water Pension Scheme and the death benefits payable from your investment fund value with Legal & General.
4. Provision for the additional lump sum payment will only apply if you are paying contributions at the standard level of 5% and you leave an eligible spouse or partner and/or dependant children under the age of 17 (or 21 if in full-time education or unable to work because of permanent incapacity).
5. In the event that payment of any lump sum benefit due might exceed your available lifetime allowance, your beneficiary(s) will be liable to pay any tax due directly to HMRC. The trustees or their administrators are not responsible for any tax payment that might be due.
6. Should you require any further information regarding completion of this form you should contact the Pensions Team.
7. Should you wish at any time to change your nomination, you should obtain a further form from the Pensions Team and return it as described above.
8. Terms used in this form summarise the rules of the Scheme. In the case of any conflict between the terms used and the rules, the rules of the Scheme will prevail
9. Personal data provided on this form will be handled by the Trustee of the Wessex Water Pension Scheme, 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. If you would like any further information then you can obtain a copy of the Trustee’s fair processing notice by contacting the Pensions Team, Wessex Water,Claverton Down, Bath, BA2 7WW.
Email pensions@wessexwater.co.uk