

ESSAR OIL (UK) PENSION SCHEME

EXPRESSION OF WISH FORM

This form, sometimes referred to as a Discretionary Death Benefit Form, allows you to record who you would like to consider for the receipt of any discretionary benefits payable in the event of your death. Please complete it using capital letters. Your response will be treated as private and confidential.

1 | PERSONAL DETAILS

Your full name:

Address:

Email address:

Date of birth: DD MM YYYY

Daytime telephone number:

National Insurance number:

2 | LUMP SUM BENEFITS

In the event of my death I would like to consider paying any lump sum(s) arising for the benefit of the following person(s) in the proportion(s) shown below:

	Relationship to you*	Proportion
Full name: Address:		%
Full name: Address:		%
Full name: Address:		%
Full name: Address:		%

If you want to add more than 4 names, you can do so by attaching a separate sheet of paper.

* e.g. spouse/civil partner, partner, child, relative (sister/brother/parent/cousin, etc), financial dependant.

Total 100%

3 | PENSION BENEFITS

In addition, I understand that on death before or after retirement, a pension from the Scheme is payable to my Qualifying Spouse, i.e. the person I was lawfully married to or I was in a lawful civil partnership with at the date of my death.

I also understand that the Scheme may also provide a pension to an Adult Dependant at the absolute discretion of my Employing Company, i.e. any person over the age of 18 years who at the time of my death was financially dependent on or financially interdependent with me.

The following people are financially dependent on or financially interdependent with me and may be eligible for any pension arising on my death:

	Relationship to you*
Full name: Address:	
Full name: Address:	
Full name: Address:	
Full name: Address:	

If you want to add more than 4 names, you can do so by attaching a separate sheet of paper.

* e.g. spouse/civil partner, partner, child, relative (sister/brother/parent/cousin, etc), financial dependant.

4 | YOUR DECLARATION

I understand that this Expression of Wish Form is not binding on the Trustees or my Employing Company, and that they will have total discretion in applying any lump sum death benefits. In addition, I understand that certain rules apply to payment of a dependant's pension which may over-ride my wishes set out above.

For the purposes of the Data Protection Act 2018 and/or other relevant legislation dealing with data protection, I consent to the above information being held and processed by, or on behalf of, the Trustees for all the purposes of the Scheme.

Signature

Date DD MM YYYY

If you wish to withdraw data protection consent, or if your circumstances change, please either contact the Scheme Administrator or complete another Expression of Wish Form.

Please complete and return this form to the Scheme Administrator: Essar Oil (UK) Pension Scheme Administration, Hymans Robertson LLP, PO Box 27170, GLASGOW G2 9NF

We suggest that you keep a copy of the completed form for your records.