

Europ Assistance Holdings Limited Pension and Life Assurance Plan

EXPRESSION OF WISH FORM

For completion by the member

To: The Trustee of the Europ Assistance Holdings Limited Pension and Life Assurance Plan (the Plan)

In the event of my death, I wish that the Trustee considers my request for any lump sum death benefit payable from the Plan 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 they see fit.

Consent

We will use the information you provide above, including your beneficiary'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 Plan. 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.

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For further information on how we use personal data, please refer to the Scheme's privacy notice. A copy is available on request by calling 01732 207500 or writing to us at First Actuarial LLP.

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 First Actuarial LLP.

What you need to do

This form should be returned to First Actuarial LLP in a sealed envelope to be opened in the event of your death. The outside of the envelope should be marked clearly with:

- 'Expression of wish form';
- Your name;
- Your National Insurance number;
- Your date of birth; and,
- The date the form was signed.

Please send this to:

First Actuarial LLP
Fosse House
182 High Street
Tonbridge
Kent
TN9 1BE