

Experian Money Purchase Pension Plan

Nomination form



Please complete the following in BLOCK CAPITALS,
using blue or black ink.

To be completed by all members

Title: Mr/Mrs/Miss/Ms/Other*								Surname					
Forename(s)													
Home address											Postcode		
Date joined Company	D	D	M	M	Y	Y							
Employee number													
Date of birth	D	D	M	M	Y	Y							
NI number													

*Delete whichever do not apply

Preparing for your future now

To the Trustee of the Plan

I fully understand that the distribution of lump sum death benefits arising upon my death before retirement is at the complete discretion of the **Trustee**; however, I should like the **Trustee** to consider the person, persons or charity listed below as possible recipients:

Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Full Name		
Address		
Relationship to me (if any)		Proportion of Death benefits %*
Total		100%

This form supersedes any earlier form I may have completed.

*If more than one recipient

Notes

- 1. Once completed, this form should be sealed in an envelope with your name, date of birth and National Insurance number clearly printed on it. It should be given to your HR contact who will arrange for it to be retained for safekeeping on behalf of the **Trustee**.
- 2. If at any time you wish to vary the details on page 2, please complete a new form (the previous one will be returned to you). New forms can be obtained from your HR contact or the Experian Pensions Team at Capita Hartshead.
- 3. If there is any further information that you think may help the **Trustee** to reach their decision please give details below.

Declaration

For the purposes of the Data Protection Act 1998 I consent to the information contained in this form being processed by or on behalf of the **Trustee** of the **Plan**.

Form completed by (CAPITALS)						
Signature						
Date	D	D	M	M	Y	Y

THIS FORM SHOULD BE RETURNED TO YOUR HR CONTACT

The Experian Pensions Team
Capita Hartshead
Hartshead House
2 Cutlers Gate
Sheffield
S4 7TL
T 44 (0) 114 229 8273
ExperianPensions@capita.co.uk

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