

LETTER OF INTENT

Member Name: _____ **Member Reference:** _____

Date of Birth: _____

Your Home Address: _____
(in capitals)

Email Address: _____

To the Trustees of the Scheme: In the event of a lump sum benefit arising under the Rules of the Scheme on my death being paid under Rule 5.6, I would wish that the payment be distributed as follows:

Name	Address	Relationship	Share of Benefit
			%
			%
			%
			%

Total must add up to 100%

If you require more space, please complete additional details on a separate sheet of paper and attach the sheet to this form, making sure your name, and reference number have been included at the top of the sheet. Then sign and date the completed sheet below the beneficiary details together with your witness.

Declaration

I have read and understood the notes overleaf and I express my wish for the above individual(s) to receive payment of any Scheme lump sum death benefit upon my death.

Signed: _____ **Date:** _____

Witness to your signature: (please read the accompanying notes for further information)

Name: _____ **Address:** _____

Signed: _____ **Date:** _____

LETTER OF INTENT ACCOMPANYING NOTES

Rule 5.6 of the Scheme Rules provides for lump sum death benefits to be paid by the Trustees of the Scheme. They have wide powers as to whom they make payment and the Letter of Intent is provided for you to notify them as to whom you would wish payment to be made in the event of your death.

A list of the possible beneficiaries is shown below. You may ask the Trustees to pay to one or more and in different proportions, as long as the total is 100%. Charities and other such organisations cannot be named as potential beneficiaries as they fall outside the scope of the Trustees powers. Category 1 may include beneficiaries under a personal trust. If you are thinking of establishing such a trust you should obtain legal advice and contact Aptia.

By completing and signing this form:

- I understand that the Trustees of the Scheme (the "Trustees") will use the personal information I provide about the individual(s) I nominate for the purposes of determining the award of any lump sum benefit payable upon my death.
- I understand that in order to comply with trust provisions, the Trustees are not bound by my wishes and that it is at their discretion as to whom should be awarded any lump sum benefit in the event of my death.
- I understand that the opinion of the Trustees shall be final as to whether or not the nominated person should receive any lump sum in the event of my death.
- I understand that the information I am providing may be special categories of personal data and that the Trustees can disclose the information to their appointed professional advisers as they deem necessary.
- I acknowledge that the information I am providing will be retained by the Trustees for as long as necessary in order to ensure the proper administration of the Scheme.

Potential Beneficiaries;

- | | |
|-------------------|---|
| Category 1 | Your spouse or companion or other living person(s). |
| Category 2 | Your Personal Representatives. (The persons who in law will be responsible for your estate. If you have made a will it means your executors.) |

Witness Signature

You must only sign this form in the presence of a witness. The witness will need to complete the witness section at the same time. A witness can be any person **excluding** anyone nominated on the form or a relative.

Please return this completed form to: Aptia, Maclaren House, Talbot Road, Stretford, Manchester, M32 0FP
or upload via the secure web portal at www.pensionuk.aptia-group.com.