

Expression of Wish form

To the Trustee of the Siemens Benefit Scheme

Your details

Please use **BLOCK CAPITALS**

Surname	<input type="text"/>
Forename(s) in full	<input type="text"/>
Previous name	<input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Payment of a cash sum

This section is used to nominate beneficiaries for lump sum benefits. Please refer to the **My Pension** website (www.siemens.co.uk/my pension) for details of the circumstances in which a lump sum death benefit may become payable. You may nominate any individuals (including relatives and dependants), corporations or organisations (including charities) as your intended beneficiary.

Please enter details of the beneficiaries in the boxes below. Once you have nominated all beneficiaries (up to a maximum of ten) please ensure that the total nominated percentage is equal to 100%.

If you wish the Trustee to consider distributing an equal portion of your benefits to your nominated beneficiaries, please tick the box below and we'll calculate the attributions accordingly.

I confirm that I wish all nominees to receive equal proportions of any benefits payable

Beneficiary	<input type="checkbox"/> Individual <input type="checkbox"/> Charity
Full name	<input type="text"/>
Full Address	<input type="text"/> <input type="text"/>
Charity Reference	<input type="text"/>
Proportion	<input type="text"/> %

Beneficiary **Individual** **Charity**

Full name

Full Address

Charity Reference

Proportion %

Beneficiary **Individual** **Charity**

Full name

Full Address

Charity Reference

Proportion %

Beneficiary **Individual** **Charity**

Full name

Full Address

Charity Reference

Proportion %

Pension for a dependant

In certain circumstances, a pension may be payable under the Scheme's Trust Deed and Rules to one or more of your Dependants. In broad terms, for these purposes a Dependant is:

- (i) your Spouse;
- (ii) any person who is financially dependent on you or with whom you have a relationship of mutual dependence;
or
- (iii) any children who have not reached the age of 18 or who are in full time education or training up to the age of 23 or who are dependent on you because of disability.

Name of dependant

Address of dependant

Please use an additional sheet of paper if necessary. Tick the box if you have used additional sheet of paper

Important notes about information provided on this form

Please read before completing and signing this form

- When completing this form, you will be providing personal information about yourself and your beneficiaries. This information is known as “personal data” (because it is personal information that allows you and/or your beneficiaries to be identified). The Trustees have a privacy notice that sets out the kinds of personal data they hold, how that data is used and who the Trustees share it with. This notice also sets out your rights in connection with the personal data that the Trustees hold and to who contact if you want to exercise those rights, make a complaint, or have any questions. This privacy notice can be found online within the General Scheme Library on the **My Pension** website (www.siemens.co.uk/mypension).
- If the information you provide when completing this form reveals details about your or your beneficiaries’ sex life, sexual orientation or health, you will be providing “sensitive personal data” about yourself and/or your beneficiaries. By signing the Declaration above, you consent to enable the Trustees to use and make decisions based on this information when processing death benefits in respect of you from the Scheme. The form does not ask for the consent of your named beneficiaries. This is because the Trustees consider that asking your named beneficiaries to provide their consent may undermine the potentially confidential nature of the nomination process.
- You have the right to withdraw your consent to the Trustees using the sensitive personal data provided on this form at any time. However, if you do so, this will not affect the processing of any sensitive personal data which took place beforehand. If you wish to exercise your right to withdraw your consent to the use of this sensitive personal data, or if you have any queries about completing this form, please contact the Pension Service Team on 0203 985 3079.
- Please continue on a separate sheet of paper if you would like the Trustees to consider more than four people for the cash sum or more than one person for the dependant’s pension.
- You should keep this form up-to-date and complete a new form if my circumstances change by requesting a new form by downloading one from the **My Pension** website (www.siemens.co.uk/mypension).

Declaration

- I would like the Trustees to consider making any benefits payable on my death to the people names above. I understand that the Trustees have discretion in deciding who should receive the benefits but will, nevertheless, take carefull account of my wishes.
- I understand that the wishes I express on this form will be applied to any and all benefits payable by the Siemens Benefits Scheme unless I make a separate request in writing to the Trustees.
- I confirm that this form revokes and replaces any previous Expression of Wish form that I may have made before the date shown below.
- I understand that the information on this form will be handled in accordance with the Trustees’ privacy notice, which has been made available to me, and treated in the strictest of confidence by the Trustees.
- I have read and understood the important notes about the information provided on this form. I understand that the information on this form may include sensitive personal data about me and /or my named beneficiaries. I consent to the Trustees using this information to process any death benefits payable in respect of me from the Scheme.

Please sign and date below to confirm your instructions

Signature Date / /

Please return your completed form to the Pension Service Team, PO Box 131, Blyth, NE24 9FB.