

Amey OS Pension Scheme

Expression of wish

To: The Trustees of the Amey OS Pension Scheme

Please complete BOTH SIDES of this form to give us the names and addresses of those people you would like to benefit in the event of your death. It is very important to keep this information up to date, even after you have left Amey: if your wishes change at any time, please complete a new form.

Please send your completed form to:

The Trustees of the Amey OS Pension Scheme, PO Box 193, Darlington DL1 9FP

Your Full Name			
Date of Birth			
National Insurance Number		Reference number	

Declaration and signature

The Trustee of the Amey OS Pension Scheme (the "Trustee") is a data controller for the purposes of collecting the personal data you provide on this form.

The Trustee and Railpen Limited (as the Trustee's data processor) will use the personal data you have provided in this form (including your personal details and the details of your nominees) will be considered by the Trustee in connection with certain benefits which may be payable in the event of your death.

We may share the information you provide on this form with other organisations as part of the process of paying certain benefits in the event of your death, for the purpose of securing your benefits or if we have to do so by law. We will handle your data in compliance with all relevant data protection legislation.

For further information about how and why we will use your personal information please refer to the Trustee's Privacy Notice which is available online at www.my-amey-os-pension.com. You can also request a copy of the Privacy Notice at any time, by contacting Railpen.

The Trustee will rely on you to provide the information set out in the Privacy Notice to any other individual whose details you have provided in this form. It is important that you do this before you send your nominee's information to us and that you update them if we notify you of any changes to the ways in which we will handle the information collected from this form.

By signing below, I confirm that I have read and understood the information in this form and I understand that this form supersedes any previously completed Expression of Wish form.

Signature:

Date:

Lump sum death benefit

You can help the Trustees by completing the box(es) below to show who you would like to receive the lump sum benefit which becomes payable if you die. If you name more than one person, please indicate the percentage you would like to be allocated to each. These must add up to 100%.

Please note that, while the Trustees will consider your wishes when making their decision, they are not legally bound by them.

Full Name		Full Name	
Other known name or previous name		Other known name or previous name	
Address		Address	
Postcode		Postcode	
Relationship		Relationship	
Percentage of benefit	%	Percentage of benefit	

Full name		Full Name	
Other known name or previous name		Other known name or previous name	
Address		Address	
Postcode		Postcode	
Relationship		Relationship	
Percentage of benefit	%	Percentage of benefit	%

Please remember to fill in a new form if your wishes change in future, or if the details of the beneficiaries change.