

EXPRESSION OF WISH FORM - DEFINED BENEFIT SECTION

This Expression of Wish form indicates who you would like to receive any lump sum benefit payable in the event of your death. The Trustee will always consider your wishes as stated on this form. However, to ensure that the payment can be made without any UK tax liability arising, your nomination is not legally binding on them.

All information provided in connection with your Scheme membership will be processed and stored in accordance with the requirements of the EU's General Data Protection Regulation (and any subsequent applicable data protection legislation). A copy of the Privacy Notice produced by the Scheme Trustee (in accordance with the requirements of the GDPR and any subsequent applicable data protection legislation), and detailing how personal information will be held and processed, is available at www.enwlpensions.co.uk/about-the-scheme/privacy-and-data-protection

Your details	
Last name:	Title:
First name(s):	
Address:	
	Postcode:
Date of Birth:	National insurance number:

Nominated beneficiaries			
I would like the Trustee to consider the people and/or organisations named below as recipients of any lump sum due if I die. This form supersedes any previous form that the Trustee might hold.			
Name	Relationship	Address	% of benefit
			Total 100%

Please sign here	
Signature:	Date:

Please return this form to Railpen, Unit 2, Rye Hill Office Park, Birmingham Road, Allesley, Coventry, CV5 9AB or by email to enquiries@railpen.com