

Tesco Isle of Man Death in Service Cover

Expression of Wish

Please use this form to tell us who you would like the Trustees to consider making payment to should you die before taking your retirement benefits. The Trustees have sole discretion over who receives payment, however they will take your wishes into account.

(Please note that if you name someone who is under 18, the Trustees may only make a payment to the legal representative on their behalf or into a trust if one exists that is suitable for this purpose).

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Address <i>(including postcode)</i>	<input type="text"/>	NI number	<input type="text"/>
		Employee number	<input type="text"/>
		<i>(The eight digit number on your payslip or Colleague Clubcard)</i>	
		Retirement savings account number <i>(if you have it)</i>	<input type="text"/>

To the Trustees of any Tesco pension plan or death in service scheme under which a benefit may be payable as a result of my death (the Plans):

In the event of my death I wish to nominate the person(s) and/or entity(ies) below to receive any lump sum payable from the Plans.

Please ensure this form is updated should your personal circumstances or wishes change.

Full name and address of Beneficiary	Relationship to you	Proportion*
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%
		This must total 100%

* Your death benefits are five times your pay plus the value of your retirement savings if you're saving into the Plans, or one times your pay if not saving into the Plans. Tesco reserves the right to vary the rules of the Plans in the future.

I have signed this form below to show that:

- I understand that the Trustees have absolute discretion to decide how and to whom any lump sum benefit payable on my death is paid.
- Although the Trustees will consider my wishes, they have the final decision and may not necessarily follow my wishes.
- I consent, for the purposes of the Data Protection Act 1988, to the above information being held and processed by, or on behalf of, Tesco and the Trustees for all the purposes of settling discretionary lump sum benefits due from the Plans.

Signed

Dated

Returning this form:

When completed please sign and date this form, tear it out and return to Pensions Department, PO Box 567, Welwyn Garden City, AL7 9NN.

This will be held confidentially, you may wish to hold a copy for your files.