



AXA UK Life Assurance Plan

Death in service Expression of Wish Form*

Use this form to let the Trustee know who you would like to receive the lump sum benefit payable on your death in service. This form is not binding on the Trustee, but your wishes can be taken into consideration when making the decision.

Please return the completed form to your local Human Resources Department, taking care to first read the Notes on pages 2-3.

Personal details

Please use CAPITAL LETTERS

Surname:
First name:
National Insurance number:
Employee number:
Date of birth:
Home address:
Post code:
Employing company:
Location:

I acknowledge that any lump sum benefit arising under the AXA UK Life Assurance Plan on my death will be paid by the Trustee at its complete discretion in accordance with the Rules.

In exercising its discretion, I wish the Trustee to consider the people and/or organisations I have nominated below as beneficiaries and to pay the benefit in the proportions shown. I understand that the nomination is only an expression of my wishes and is not binding on the Trustee. I also understand that, although I may change my nomination at any time in the future, I cannot direct the Trustee to pay the benefit in any way other than at its complete discretion.

Name:
Address:
Relationship:
Proportion*:

Name:
Address:
Relationship:
Proportion*:

Name:
Address:
Relationship:
Proportion*:

Name:
Address:
Relationship:
Proportion*:

*Please make sure the proportions add up to 100%.

Signed:

Date:

DD / MM / YYYY

Notes

Under present law, lump sum death benefits under the Plan can be paid at the discretion of the Trustee direct to your beneficiaries without any tax liability. Your beneficiaries are defined in the Plan Rules and may include:

- i) Any person to whom you are married (your 'spouse') or in a civil partnership with or any person to whom you have been married or in a civil partnership
- ii) Your grandparents and/or those of your spouse or civil partner
- iii) Any relative of yours and/or your spouse or civil partner
- iv) Any person or organisation nominated in your Will
- v) Any stepparents, stepbrothers, stepsisters and stepchildren of yours and of your spouse or civil partner and anyone related to you or your spouse or civil partner by adoption
- vi) A person who, although not your spouse or civil partner, is financially interdependent with you and relied upon your income, at least in part, to maintain their standard of living prior to your death
- vii) Any other individual you have nominated in writing to the Trustee
- viii) Any charity, association, club, society or other organisation you have nominated in writing to the Trustee.

1. You should tell the Trustee who you wish to be treated as your beneficiary(ies) by filling in the form overleaf.
2. You may change your nomination at any time and should always keep this Expression of Wish Form up to date.
3. Although the form allows space for four nominations, there is no restriction on the number of people and/or organisations you can nominate. Please specify your nominations in a letter to the Trustee if the form does not meet your needs. It is important to state for each nominated beneficiary what proportion of the total lump sum you wish them to receive. Please make sure the proportions add up to 100%.

4. The Trustee will give every consideration to your wishes before paying any lump sums on death; however, to ensure that the payment can be made without any UK tax liability arising, your nomination is not legally binding on them.
5. The information you provide will be used for the purpose of administering benefits under the Plan. It will be held, in strict confidence, by your HR Department on behalf of the Trustee. If you do not complete this form, the Trustee will allocate benefits in their absolute discretion and those people you would wish to benefit may not receive any benefits.
6. If you wish to keep this form secret, please return it in a sealed envelope clearly showing your full name and the words 'EXPRESSION OF WISH FORM'. The envelope will then ONLY be opened in the event of your death.

Data protection

I confirm that, in completing and signing this form, I consent to my personal data being processed by and on behalf of the Trustee by its advisers, AXA Pensions and the HR Department for the purpose of my membership of the Plan.

**Please note this form is only in relation to your Life Assurance arrangement provided through your employer. You will need to complete a separate Expression of Wish Form for any pension benefits. Please visit <https://pensions.axa-employeebenefits.co.uk> for more information.*