

# IMI Retirement Savings Plan

## Expression of Wish Form

This form should be completed by all members of the IMI Retirement Savings Plan. The information given below will assist the Trustee in settling any benefits payable in the event of your death.

Please complete all Sections below, using BLOCK CAPITALS.

### 1 Personal details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of Birth: | D | D | M | M | Y | Y | Male/Female (please delete as applicable)

Marital status: \_\_\_\_\_ Single/Married/Widowed/Divorced (please delete as applicable)

Employing Company: \_\_\_\_\_

Date employment commenced: | D | D | M | M | Y | Y |

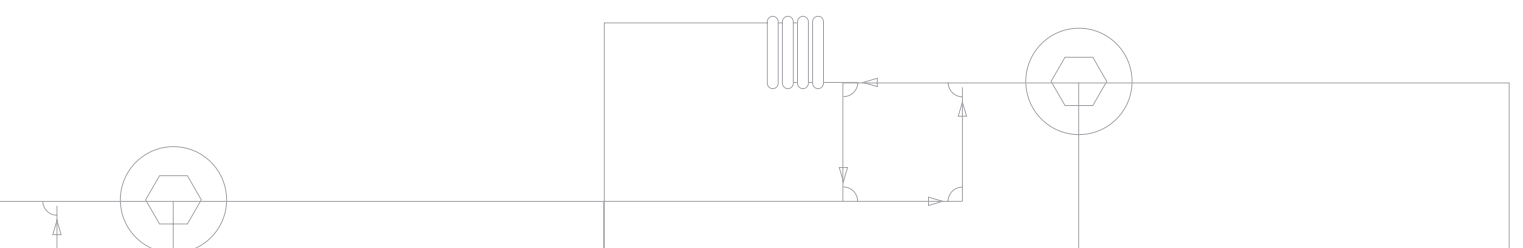
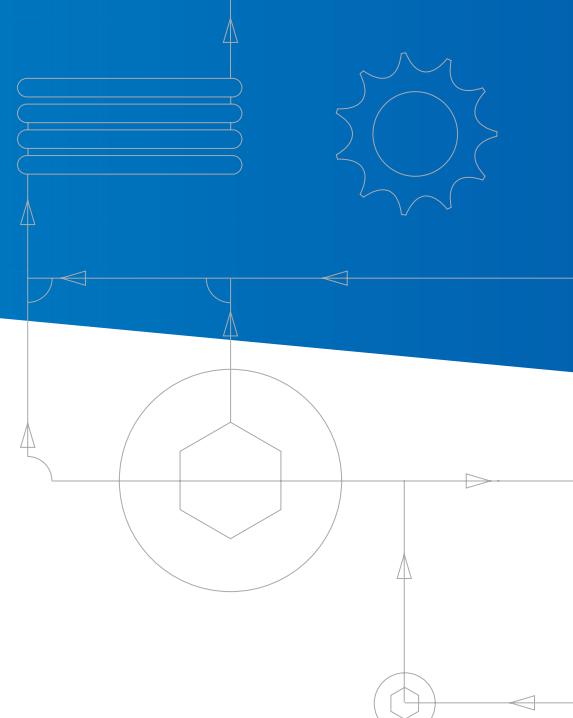
### 2 Nomination of beneficiaries

I would like the Trustee to consider the person(s) named below to receive the lump sum benefits under the IMI Retirement Savings Plan in the event of my death.

Full name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_  % of benefit



# IMI Pensions

Full name of nominee:

Address:

Relationship to you:

% of benefit

Full name of nominee:

Address:

Relationship to you:

% of benefit

Please ensure the percentage of benefit provided add up to a total of 100%.

## 3 Please read and sign

I accept that, whilst the Trustee will take account of my wishes and personal circumstances at the time of my death, my nominations are not binding on them and they have complete discretion over the payment of death benefits.

I will notify the Trustee of any changes in the particulars shown above. I understand that I may change my nominations up to retirement at any time by filling in a replacement form and returning it to the Trustee. This request will cancel any previous requests made by me.

### The Data Protection Act 1998

I consent to the Trustee from time to time keeping records and using information relating to me so far as necessary for the purpose of running the IMI Retirement Savings Plan and paying benefits. I understand that this will include passing personal data about me to any other third party where it is necessary to do so for the proper running of the IMI Retirement Savings Plan.

*The use of the personal information you give will be held and processed in accordance with the Data Protection Act 1998.*

Signed:

Date:

| D | D | M | M | Y | Y |

Please return this form to your Pensions Contact.

**This form will be held on your file. If you would like to keep your nominations a secret, you should place this form in a sealed envelope with your name, address and 'only to be opened in the event of my death' written clearly on the outside.**