

**AC NIELSEN (UK) PENSION PLAN
EXPRESSION OF WISH FORM**

To: The Trustee of the AC Nielsen (UK) Pension Plan

Name:

National Insurance Number:

Signed:

Date:

In the event of my death it is my wish that any lump sum benefits which are in your discretion to distribute under the Scheme, should be paid to:-

Full Name:

Address:

%

Relationship:

Approximate
Age:

Proportion:

%

Full Name:

Address:

Relationship:

Approximate
Age:

Proportion:

%

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Full Name:			
Address:			
Relationship:		Approximate Age:	
Proportion:	%		

Full Name:			
Address:			
Relationship:		Approximate Age:	
Proportion:	%		

Note: The total benefit divided between the potential beneficiaries should not exceed 100%.

Notes on the completion of the Expression of Wish Form

I understand that in expressing this wish it is in no way binding and that the final decision as to whom the benefits are payable will be made by the Trustee after my death.

I consent for the purpose of Data Protection legislation to the above information being held and processed by the Trustee. I confirm that the person(s) I have named above also consent to their personal data being held and processed by the Trustee.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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In event of any changes in circumstances, it is your responsibility to ensure that any alteration in your wishes is made known to the Trustee by submitting a further form which may be obtained by contacting the AC Nielsen (UK) Pension Plan, Capita, PO Box 555, Stead House, Darlington, DL1 9YT.