

## COATS PENSIONS EXPRESSION OF WISH FORM

<b>Please complete this section with your <u>own</u> details</b>			
Name		Address	
Date of Birth			
NI Number			
Email Address			

<b>Where there are benefits payable in the event of my death, I would like the Trustee (Coats Pensions Trustee Limited) to exercise its discretion in favour of those named below:</b>					
Full Name		Full Name			
Address		Address			
Postcode		Postcode			
Relationship	How much %	Relationship	How much %	Tick if dependent* <input type="checkbox"/>	%
Full Name		Full Name			
Address		Address			
Postcode		Postcode			
Relationship	How much %	Relationship	How much %	Tick if dependent* <input type="checkbox"/>	%

Please make sure your nominations total exactly 100%. If more space is required please continue on a separate sheet.

### IMPORTANT - FURTHER INFORMATION

\*Dependent: a Spouse or Civil Partner, a Dependant Partner who is co-habiting with you in a long term relationship, or a Dependant Relative who is dependent on you for the ordinary necessities of life.

Please refer to the information already provided to you for details of any benefits payable. Completing this form does not indicate or guarantee that any benefits are payable.

If your personal circumstances change, for example due to marriage, divorce, birth or death of people you have named or would choose to name on your form, you may need to complete another form. Please note that the Trustee has a duty to check for potential beneficiaries whether or not they are listed above (this would only happen after your death). Forms are available from Coats Pensions Office.

Any information you provide is treated as confidential in accordance with the Data Protection Act 1998. This information is held by the Trustee and by the advisors whom the Trustee has appointed to provide services. Your information is kept secure and is only disclosed in limited circumstances. In providing these details, you and your beneficiaries are consenting to this information being held and processed by the Trustee.

### DECLARATION

I understand that the Trustee is **not** bound by my nominations and has complete discretion when deciding to whom any benefits should be paid. My nominations may at any time be altered by a further notice from me.

<b>Signature</b>		<b>Date</b>	
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