

EXPRESSION OF WISH FORM

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

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

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

IMPORTANT - FURTHER INFORMATION

*Annual pension: Please tick this box if you wish for the person to receive a beneficiary pension after your death. The Trustee will consider your wishes; however please be advised that this can only be paid if, at the time of death, the person is entitled under the Rules of the Coats UK Pension Scheme. Please contact us if you need more information about this.

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 to us will be processed in accordance with our Privacy Notice which is available on our website www.coatspensions.co.uk or as a paper copy by request.

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.

Signature		Date	
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