



AMG UK
The AMG UK Group 2006 Pension Plan ("the Plan")
EXPRESSION OF WISH FORM

Reg No:	AMGS/PR/015
Sheet:	1 of 2
Issue:	1
Date:	16/11/2018
Authorised:	Payroll Manager

PLEASE READ THE IMPORTANT NOTE ABOUT PERSONAL DATA ON THE LAST PAGE

Surname			
Forename(s)			
National Insurance Number			
<p>In the event of my death, I wish the discretion under the Plan rules to be exercised so that the Trustees will apply any death benefit arising under the Plan for the benefit of the following person(s) in the percentage(s) shown (total percentages not to exceed 100%):</p>			
1. Name		2. Name	
Address		Address	
Relationship		Relationship	
Percentage	%	Percentage	%
3. Name		4. Name	
Address		Address	
Relationship		Relationship	
Percentage	%	Percentage	%

If there are any other persons you would like to add please complete details on a separate page.

Important Note:

This form must be placed in an envelope and your name, date of birth, the Plan name and date this form was signed should be clearly marked on the front of the envelope.

The information provided on this form will only be used to help the trustees to determine who is eligible for any death benefit arising under the Plan. You can find out more information about when, why and how the trustees collect and use personal data by asking us for a copy of their fair processing notice (privacy notice). If you would like a copy of this notice, please write to the address given on our letter.

In completing this form we ask you to provide information about your relationship to the people you have listed on the form. In doing so you may reveal information relating to your sexual orientation and/or other sensitive information and that of the people named on this form. Data protection regulation requires that the trustees obtain explicit consent from those people whose sensitive information has been shared with the trustees before they can use that information.

Therefore, you should take steps to inform those named on this form that you:

- are disclosing their details to the trustees;
- obtain their consent to do so; and
- provide them with a copy of the trustees fair processing notice (privacy notice)

The people listed have the right to withdraw their consent at any time. Please contact us if anyone named on this form wishes to withdraw their consent and we will tell them about the possible consequences of withdrawing consent at that time.

Declaration:

I understand that this is only an expression of wish which is not binding on the Trustees and which may at any time be revoked or revised by completing a further Expression of Wish Form.

I confirm that I have read and understood the Important Note above and provide my consent for the trustees to use this information for the purposes described above.

Signed.....

Date.....