

Vodafone Pensions

Expression of wish form



Your details (please use CAPITAL letters)

Surname:	Title:
First name(s):	Date of birth:
National Insurance Number:	

Complete this form to let the Trustee of the Vodafone Group Pension Scheme (the Scheme) know who you want to receive the benefits payable when you die.

Nominations

I would like to nominate the person(s) named below to receive benefits from the Scheme in the event of my death
(please continue on a separate sheet if necessary)

Name of recipient	Relationship	Address	% of benefit
			Total 100%

Please turn over to sign the declaration

Declaration

I understand that:

- This form replaces any previous expression of wish form I have completed.
- In the event of my death and before paying any benefits, the Trustees will take into consideration my wishes detailed on this form.
- The Trustee has complete discretion as to who receives any benefits payable on my death.
- If my circumstances change it is my responsibility to keep my expression of wish form up to date.

Signed:

Date:

Please return this form to:

Vodafone Pensions, WTW, Sunderland, SR43 4JU

If you would like to keep your nomination(s) confidential you can return this form in a sealed envelope marked with your name, date and 'Expression of Wish Form'.