

## D&B (UK) Expression of Wishes Form

In the event of your death, life assurance and/or pension benefits may be payable to your nominees. Where there are scheme rules governing the payments, these will be applied. Where the appropriate trustee group has discretion your wishes, as set out below, will be taken into consideration.

### Former Employees

Members of the Defined Contribution section, please return the form to Aviva.

Members of the Final Salary, CARE and OMPS sections should update their Expression of Wishes via the Gallagher Membersite, which can be accessed via [this link](#) or from the homepage of the Dun & Bradstreet pension website [www.dnbpensionplan.co.uk](http://www.dnbpensionplan.co.uk). Alternatively, you could complete and return this form to Gallagher.

Addresses for Aviva and Gallagher can be found on the pension website [www.dnbpensionplan.co.uk](http://www.dnbpensionplan.co.uk)

*Please keep a copy of this form for your records and update your nominees by completing a new form if your circumstances change.*

### Your Details

|                                      |                                    |                                     |                                    |                                      |                                   |
|--------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-----------------------------------|
| <b>Title</b>                         | <b>Mr</b> <input type="checkbox"/> | <b>Mrs</b> <input type="checkbox"/> | <b>Ms</b> <input type="checkbox"/> | <b>Miss</b> <input type="checkbox"/> | <b>Other</b> <input type="text"/> |
| <b>Surname</b>                       | <input type="text"/>               |                                     |                                    |                                      |                                   |
| <b>Forename(s)</b>                   | <input type="text"/>               |                                     |                                    |                                      |                                   |
| <b>Permanent Residential Address</b> | <input type="text"/>               |                                     |                                    |                                      |                                   |
|                                      | <b>Town/City</b>                   | <input type="text"/>                |                                    |                                      |                                   |
|                                      | <b>County</b>                      | <input type="text"/>                |                                    |                                      |                                   |
|                                      | <b>Postcode</b>                    | <input type="text"/>                |                                    |                                      |                                   |
| <b>Date of Birth</b> (dd/mm/yy)      | <input type="text"/>               |                                     |                                    |                                      |                                   |

## Nominee Details

Where the trustee group has discretion to whom to pay any lump sum benefit, I would like the trustee to consider paying benefits to the people named below and in the proportion shown. I understand that the nomination is only an expression of my wishes and is not binding on the trustee group. You can select up to four nominees using this form. If you wish to select more than four, please continue on a separate sheet.

### Nominee 1

|                          |                        |
|--------------------------|------------------------|
| Full Name                | <input type="text"/>   |
| Relationship (if any)    | <input type="text"/>   |
| Address                  | <input type="text"/>   |
| Town/City                | <input type="text"/>   |
| County                   | <input type="text"/>   |
| Postcode                 | <input type="text"/>   |
| Date of Birth (dd/mm/yy) | <input type="text"/>   |
| Percentage of Benefit    | <input type="text"/> % |

### Nominee 2

|                          |                        |
|--------------------------|------------------------|
| Full Name                | <input type="text"/>   |
| Relationship (if any)    | <input type="text"/>   |
| Address                  | <input type="text"/>   |
| Town/City                | <input type="text"/>   |
| County                   | <input type="text"/>   |
| Postcode                 | <input type="text"/>   |
| Date of Birth (dd/mm/yy) | <input type="text"/>   |
| Percentage of Benefit    | <input type="text"/> % |

### Nominee 3

Full Name

Relationship (if any)

Address

Town/City

County

Postcode

Date of Birth (dd/mm/yy)

Percentage of Benefit  %

### Nominee 4

Full Name

Relationship (if any)

Address

Town/City

County

Postcode

Date of Birth (dd/mm/yy)

Percentage of Benefit  %

## Signature & Return of Form

I authorise the trustee group and their advisers to hold and, in the event of my death, to use this information in accordance with the requirements of the Data Protection Act, 2018

Signature

Date (dd/mm/yy)