

# The Capita Pension and Life Assurance Scheme

## Expression of Wish Form

To be completed by the scheme member.

**Full Name** .....

**Date of Birth** .....

**National Insurance No** .....

In the event of my death whilst a member of The Capita Pension and Life Assurance Scheme, I wish the Trustees to exercise their discretion under the Scheme Rules so that any lump sum death benefit will be paid to or for the benefit of the following people in the proportions shown:

Name of Beneficiary	.....	.....
Relationship (if any)	.....	.....
Proportion of Benefit	.....	.....
Address (if different to member)	.....	.....
	.....	.....
Post Code	.....	.....
Name of Beneficiary	.....	.....
Relationship (if any)	.....	.....
Proportion of Benefit	.....	.....
Address (if different to member)	.....	.....
	.....	.....
Post Code	.....	.....

*Please continue on a separate sheet if you wish to nominate more than four beneficiaries*

I understand that this is only an expression of my wishes which is not binding on the Trustees. It may be revoked at any time in a further letter from me.

**Signed** ..... **Date** .....

**Please return this form to:**  
**Capita Pension & Life Assurance Scheme**  
**Capita, Hartshead House,**  
**2 Cutlers Gate**  
**Sheffield, S4 7TL**