**Sopra Steria Retirement Benefits Scheme**

**Expression Of Wish Form**

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| To: The Trustees of the Sopra Steria Retirement Benefits Scheme |

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| Member’s Full Name: |  |  |
|  |  |  |
| National Insurance Number: |  |  |
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| In the event of my death it is my wish that any lump sum benefits which are in your discretion to distribute under the Sopra Steria Retirement Benefits Scheme, should be paid to:- |

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| --- | --- |
| Full Name: |  |
|  |  |
| Address: | % |
|  |  |
| Relationship: |  | Date of Birth: |  |
|  |  |
| Proportion: |  % |
|  |  |

|  |  |
| --- | --- |
| Full Name: |  |
|  |  |
| Address: |  |
|  |  |
| Relationship: |  | Date of Birth:  |  |
|  |  |
| Proportion: |  % |
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|  |  |
| --- | --- |
| Full Name: |  |
|  |  |
| Address: |  |
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| Relationship: |  | Date of Birth:  |  |
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| Proportion: |  % |

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| Full Name: |  |
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| Address: |  |
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| Relationship: |  | Date of Birth:  |  |
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| Proportion: |  % |
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| Full Name: |  |
|  |  |
| Address: |  |
|  |  |
| Relationship: |  | Date of Birth:  |  |
|  |  |
| Proportion: |  % |
|  |  |

**Note**: The total benefit divided between the potential beneficiaries should not exceed 100%.

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| **Notes on the completion of the Expression of Wish form:**I understand that in expressing this wish it is not binding on the Trustees and that the final decision as to whom the benefits are payable will be made by the Trustees after my death.I consent for the purpose of the relevant data protection legislation to the above information being held and processed by the Trustees. I confirm that the person(s) I have named above also consent to their personal data being held and processed by the Trustees. |
| Signature: |  | Date: |  |
| In event of any changes in circumstances, it is your responsibility to ensure that any alteration in your wishes is made known to the Trustees by submitting a further form which may be obtained by contacting:Capita, PO Box 555, Stead House, Darlington, DL1 9YTEmail: steria@capita.co.uk  |