

ASTON UNIVERSITY PENSION SCHEME (AUPS) EXPRESSION OF MEMBER'S WISHES IN REPECT OF LUMP SUM DEATH BENEFITS PAYABLE FROM AUPS
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To The Trustees,

I wish you to consider these persons as possible recipients of any lump sum death benefit which might become payable in the proportions shown. I understand that in exercising their discretion in applying the benefit the trustees will not be bound by this expression of my wishes

Particulars of Persons

Proportion of Benefits

Full Name.....

Relationship to member (if any).....

Address.....

.....

Full Name.....

Relationship to member (if any).....

Address.....

.....

Full Name.....

Relationship to member (if any).....

Address.....

.....

CONTINUE OVERLEAF IF NECESSARY

Alternative Wishes

If the above (or any of them) predecease me I wish the Trustees to consider the following:

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I authorise the Trustees 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 1998.

Signed..... Date.....

Full Name.....

Please return the completed form to the Pensions Manager, Pensions Office MB711, Aston University

NOTE: If your personal circumstances change at any time after you return this form you should submit a new form without delay.