

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 UK Defined Contribution Pension Plan (the Plan) know who you would like to receive the benefits payable in the event of your death.

- If you were to die whilst employed by Vodafone Ltd or Vodafone Group Services Ltd, the benefits payable on death are both your life cover multiple and the value of your assets in the Plan.
- If you were to die after leaving the company's employment, the benefit payable would be the value of your assets in the plan.

Nominations

I would like to nominate the person(s) named below to receive benefits from the Plan 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 Trustee 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 update my expression of wish

Signed:

Date:

Please return this form to:

Vodafone Pensions, Willis Towers Watson, PO Box 545, Redhill, Surrey, RH1 1YX

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