

PEARL GROUP STAFF PENSION SCHEME

AVC NOMINATION FORM

If you die before retirement the scheme pays out the value of your AVC fund as a lump sum. It will help the Trustee if you nominate someone, especially if you have unusual personal circumstances or if you do not have any dependants. Completing this form is the best way of ensuring that benefits are paid without delay. Your nominations are strictly confidential.

You can change or withdraw your nomination at any time by completing and sending a new form to First Actuarial.

You can nominate a charity, society, club or similar body as well as an individual.

First name (s) _____

Last name _____

National Insurance number _____

Date of birth _____

For the attention of the Trustee of the scheme:

If I die before retirement, I would like the Trustee to consider paying any lump sum benefit in respect of my AVCs to the person(s) shown overleaf. I have indicated what percentage of the benefit I would like paid to each person.

So that the benefit can be paid free of tax, I understand that the Trustee do not have to follow my wishes; they are only a guide.

DATA PROTECTION NOTICE

Under the General Data Protection Regulation (EU) 2016/679 and associated legislation, we are required to protect any information or data you provide to us. As a member of the Scheme, you consent to us processing your personal information, including sensitive personal information, as set out in this notice. We process personal information, including sensitive personal information, to enable us to administer the Scheme. Where necessary or required we may share information with various individuals or organisations. Where we use other organisations in the course of administering the Scheme, they are contractually obliged to treat any information or data passed to them as confidential. In certain limited circumstances, we may share your personal information with the sponsoring employers of the Scheme. Where necessary, we may also provide personal information to law enforcement authorities as part of a criminal investigation. Further information regarding data protection, including the Scheme's privacy notice, is available on the Scheme website.

Continued overleaf...

Full name of nominated person (and relationship to you)	Address	Percentage to be paid
		%
		%
		%
		%
Total		100 %

NAME: _____

PENSION NO: _____

SIGNATURE: _____

DATE: _____

Please return your completed forms to:
 First Actuarial LLP, First House, Minerva Business Park, Lynch Wood, Peterborough, PE2 6FT.