

# Expression of wishes form

Please complete this form in BLACK ink

## Contact details

**Address:**

**Name**

**Scheme**

**The Consortium Care Scheme**

On my death, I would like any lump sum benefits to be paid as follows

You can nominate any individual, trust or charity

**Name and address**

**Proportion %**

This column must add up to 100%

**Total: 100%**

## Expression of wishes declaration

I acknowledge and confirm the Trustees may regard the information contained in this form as up to date until such time as I complete and return a new form.

I am aware this form is not legally binding, the Trustees are not obliged to follow my wishes, but the Trustees may consider my wishes when considering the exercise of their discretion over the payment of any lump sum which may be payable in the event of my death.

I understand that in accordance with data protection laws, the Trustees have a valid lawful basis for processing data relating to me for the purpose of administering and operating the Scheme and paying benefits under it.

Please refer to the privacy notice previously produced by the Trustees for further information. If you would like a copy of this notice please let me know.

In order to maintain the confidentiality of your nomination and to avoid impairing the ability of the Trustees to administer the Scheme and pay the correct benefits, the Trustees do not intend sending a privacy notice to anyone named on this form. We assume you have informed those named individuals that you have included their details on this form.

Make sure you read  
and agree with this  
before signing

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**Signed:**

**Date:**

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**Print name:**

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**Please return this form to:**

The Consortium Care Scheme, C/o Barnett Waddingham LLP, St James's House, St James's Square, Cheltenham, GL50 3PR

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