

Nomination form

for members of the
Experian Retirement Savings Plan

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Part 1

This form should be used to notify the Trustees of who you would like to be considered for any lump sum death benefit which may be payable.

Please complete the following in BLOCK CAPITALS, using blue or black ink.

Personal details

Title: Mr/Mrs/Miss/Ms/Other*		Surname	
Forename (s)			
Home address			
		Postcode	
Date of birth	D	D	M M Y Y
Employee number			
NI Number			
Personal email address			

*Delete whichever do not apply
Please remember to complete all parts of this form,
including the declaration in Part 4.

Part 2

To the Trustee of the Plan

I fully understand that the distribution of lump sum death benefits arising upon my death before retirement is at the complete discretion of the Trustee; however, I should like the Trustee to consider the person, persons or charity listed below as possible recipients:

Full name	
Address	
Relationship to me (if any)	Proportion of Death benefits % *
Full name	
Address	
Relationship to me (if any)	Proportion of Death benefits % *
Total	100%

This form supersedes any earlier form I may have completed. *If more than one recipient

Notes

1. Please use an additional sheet of paper for any further beneficiaries. Please also include any further information that you think may help the Trustee in reaching its decision.
2. If at any time you wish to update your beneficiaries, please complete a new form. New forms can be obtained from the Experian Pensions Team at Capita. Alternatively, you can update your details at www.experian.co.uk/retirementplan.

Part 3

Declaration

For the purposes of the Data Protection Act 1998 I consent to the information contained in this form being processed by or on behalf of the Trustee of the Plan.

Form completed by (CAPITALS)	
Signature	
Date	D D M M Y Y

Please return your completed form to:
Experian Pensions Team, Capita, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL