

Nomination form

for members of the Experian Retirement Savings Plan (ERSP).



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.

Save time by doing this online, simply log in to your online account at www.experian.co.uk/retirementplan.

Part

1

Personal details

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

Title: Mr/Mrs/Miss/Ms/Other* _____

Forename(s) _____

Surname _____

Home address _____

Postcode _____

Date of birth

Employee number

NI Number

Personal email address

*Delete whichever do not apply

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%**

Please remember to complete all parts of this form, including the declaration in Part 4.

This form supersedes any earlier form I may have completed.

*If more than one recipient

Part

3

Important 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.
3. General Data Protection Regulation (GDPR): I understand that the Trustee of the ERSP will use my personal information to (amongst other reasons) communicate with me and administer the ERSP and will share such information with its advisers, administrators and Experian as the sponsoring employer. I further understand that this may include items categorised under the GDPR as 'sensitive data' (continued overleaf). I accept that the Trustee, and its advisers and administrators, need this data to calculate and pay benefits, for statistical purposes, for reference purposes and to administer the ERSP and agree to this processing taking place.

The Trustee is committed to protecting your information and acting in accordance with your rights under data protection law. Details of what personal information about you the ERSP collects, what we do with this information, the basis on which personal information is processed and what rights you have are included in the Privacy Notice for members. Additional information on how the Trustee complies with its data protection obligations is included in the Trustee's Data Protection Policy, and copies of both the Privacy Notice and Data Protection Policy are available on request from ExperianPensions@capita.co.uk.

Your completed Nomination form should be returned to the **Experian Pensions Team, Capita Employee Benefits, Hartshead House, 2 Cutlers Gate, Sheffield S4 7TL.**

Part

4

Declaration

For the purposes of the General Data Protection Regulation, 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

Visit www.experian.co.uk/retirementplan for more information on BNCs, AVCs, SMART Pensions and investment options.

Please return your completed form to:

Experian Pensions Team
 Capita Employee Benefits
 Hartshead House
 2 Cutlers Gate
 Sheffield
 S4 7TL

