A&O SHEARMAN

EXPRESSION OF WISH FORM A&O SHEARMAN PENSION SCHEME

To: The Trustee						
From:		(M	Iember's full nar	ne in BLO	CK CAPITA	LS)
National Insurance No:						
Date of Birth:						
Employee Number:						
I understand that the Trustee will decide who will receive any lump sum benefits which become payable after my death in accordance with the Scheme Rules. The benefits can be paid to any one or more of your spouse, civil partner, children or other relatives, your dependants and any person or organisation you notify to the Trustee for this purpose. I should like to notify the Trustee of my wishes for the distribution of any lump sum death benefit as below, but I recognise that this will not bind the Trustee who has full discretion as to the recipients.						
Full Name	Address			Relations	hip	% Share
This form supersedes any the Scheme. I understand of death benefits payable to new nomination form to the	that this nomination from the Scheme, an	n form suj	persedes any pre	vious form	I have subm	itted in respect
I hereby consent for the of Scheme, to be held and prinforming those individual	processed by the Ti	rustee an	d appointed this	_		
Signed:			Date:	•••••		
Please return a scanned o	copy to Capita (Pen	sion Sch	eme Administra	ators) via a	oshearman(<u>acapita.co.uk</u>
NOTES	- , • •			_		

- Payments made from your estate under your Will or on your intestacy may be subject to Inheritance
- Any discretionary lump sum death benefits payable on your death from the A&O Shearman Pension Scheme are paid in accordance with the Scheme Rules by the Trustee and are generally exempt from Inheritance Tax.
- This information will be held by the Trustee's appointed administrators of the A&O Shearman Pension Scheme. The nomination you make will apply to all of your benefits under the Scheme.

Data protection statement

The processing of personal information is protected under data protection laws. For the purpose of those laws, the Trustee of the A&O Shearman Pension Scheme is a 'data controller' and is responsible for meeting the legal requirements in relation to the processing of that personal data. Capita Employee Benefits, and Fidelity International as the administrators of the A&O Shearman Pension Scheme, will each act as a 'data processor'.

When completing this form, you will be providing the Trustee with personal information about yourself (and, where applicable, other individuals). The Trustee needs to process the personal data contained on this form in order to comply with its legal obligations to provide benefits as well as complying with the legal requirements governing pension schemes.

In doing so, the Trustee may need to disclose your personal information to such of its professional advisers (including administrators, actuaries and lawyers) as the Trustee considers appropriate.

A copy of the Trustee's privacy notice, which explains in detail how the Trustee processes personal data and your rights in connection with the personal data held about you by the Trustee, is available at the following website: https://www.myallenoverypension.com/pdfs/AOPrivacyNotice.pdf. Alternatively, if you would like to receive a hard copy of the notice, please contact Capita (Pension Scheme Administrators) using the contact details provided above.