

Expression of Wish Form

Under the provisions of the above Scheme, of which you are a member, any lump sum or Individual Members Account (IMA) which would be payable out of the Fund in the event of your death, may, at the discretion of the Trustees of the Fund, be paid to your personal representative or paid or applied for the benefit of any one or more of your dependants.

The Trustees have a discretion to whom they pay the benefit, as under present legislation this minimises the amount of Inheritance Tax or Capital Transfer Tax which may be payable on your death.

Whenever possible the Trustees would like to follow your wishes regarding the payment of the death benefit. You are, therefore, invited to make an informal nomination.

You may revoke your informal nomination at any time, however, the onus of doing so lies with yourself.

Please complete and return the informal nomination form below to the Pensions Office, Star Group Pension Scheme, Queen Street, Wolverhampton WV1 1ES as soon as possible.

Member's Full Name	<input type="text"/>	Member Number	<input type="text"/>
Employer	<input type="text"/>	Department	<input type="text"/>

I would like to nominate the following to receive the benefits in the proportions stated and appreciate that this cannot be binding on the Trustees:

	Lump Sum	IMA
Full Name	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Proportion of Benefit	<input type="text"/>	<input type="text"/>
Full Name	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Proportion of Benefit	<input type="text"/>	<input type="text"/>
Full Name	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Proportion of Benefit	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	Date <input type="text"/>

If your circumstances change please remember to inform the Pensions Office