

TO BE COMPLETED BY THE MEMBER

Please return forms to: Diageo Pension Scheme, Capita Employee Solutions, PO Box 555, Stead House, Darlington, DL1 9YT

Part A Personal Details

Full Name:	<input type="text"/>
NI Number:	<input type="text"/>
Address:	<input type="text"/>
Daytime Telephone Number	<input type="text"/>

Part B Lump Sum Nomination Details

I nominate the person or people named below to receive any Lump Sum Death Benefits due from Diageo Pension Scheme (not including any life assurance lump sum) in the event of my death. I understand that if I complete this nomination, it will replace any previous nomination.

Please continue on a separate sheet if necessary. The Proportion of Benefits **must** add up to 100%.

Name of nominated beneficiary	Relationship (if any)	Address	Proportion of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expression of Wish Form (continued)

Part C **Dependants' Pension Nomination Details**

I nominate the person named below as my Dependant. I understand that if I complete this nomination, it will replace any previous nomination.

Name of Dependant

Relationship

Address of Dependant

Date of birth

Part D **Declaration**

I understand that in exercising their discretion in distributing any benefits, the Trustee will not be bound by my nominations.

I understand that a Dependant's pension will only be paid to a qualifying Dependant in accordance with the Trust Deed & Rules.

Signed:

Date:

Name (printed):

The information provided will be processed by Capita for purposes only associated with the Diageo Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the applicable data protection legislation.