



## Expression of Wishes/Disposal of Death Benefits

### Explanation

Under the trust deed and rules of the ING UK Pension Fund (the "Fund"), certain lump sum death benefits may be payable from the Fund in the event of your death. These lump sums do not generally accrue to your estate but instead are distributed at the discretion of the Trustees.

To assist the Trustees in making their decision in respect of any relevant lump sum death benefits, members of the Fund are asked to indicate their own wishes by completing the lower portion of this form and returning it to the Fund Administrator, Capita who will retain it on their member record. If your personal circumstances change and you wish to make an amendment to your 'Expression of Wishes' form, you may request a new form at any time, and the Trustees would strongly encourage you to keep this form up to date. Please **return your completed form to Capita, PO Box 555, Stead House, Darlington, DL1 9YT**.

If a relevant lump sum death benefit becomes payable in the event of your death, any nominations set out in your most recent expression of wish form will be considered by the Trustees but will not be binding on the Trustees, who will retain an unfettered discretion, in accordance with the rules of the Fund, in the selection of a beneficiary or beneficiaries.

This expression of wishes form only relates to any lump sum death benefits payable from the Fund. If you are currently employed by ING, a separate expression of wishes form should be completed in respect of the excepted group life policy operated by the Company (if applicable), and you can, if you wish, make different nominations in respect of that arrangement.

### Expression of Wishes

**In the event of my death, I would be grateful if you would kindly bear in mind when exercising your discretion as to the disposal of any lump sum death benefits payable under the Fund, that it is my wish that any such sums should be paid to:**

Name	Relationship	Portion (%)
		0%
		0%
		0%
		0%
		0%
		0%

I understand that this form is not binding upon the Trustees of the Fund. By signing this form, I give my consent to the processing of any personal information contained in this form by the Trustees, the Company and their respective advisers and service providers in relation to any benefits payable on my death.

**Member's signature:**

**Date:**

**Full name in block letters:**

### Notes

The information in this form will be used only in relation to the payment of lump sum benefits from the Fund on your death, and for that purpose will be processed in accordance with the Trustees' privacy notice, a copy of which is available at [www.myingpension.com](http://www.myingpension.com). Where the information you provide in this form relates to another person, by signing this form you confirm that you will provide them with a copy of the Trustees' privacy notice.

Nothing in this form grants an entitlement to any benefits under the Fund, and in the event of any inconsistency between this form and the Fund's trust deed and rules the trust deed and rules shall prevail.