

# PERENCO UK PENSION PLAN EXPRESSION OF WISH FORM

Please complete this form and return it to: The Pensions Manager, Perenco UK Limited, 8 Hanover Square, London, W1S 1HQ

This form allows you to nominate a person to receive a lump sum death grant in the event of your death. Please note that your nomination is not binding but will aid the Trustees in their decision. This form applies to ALL Perenco employees. In the event of your death in our employment, an amount equivalent to four year's salary will be paid to your beneficiaries in accordance with the Plan rules.

## Part A Personal details

Title:	<input type="text"/>	Other (please specify):	<input type="text"/>
Surname:	<input type="text"/>	Forename(s) (in full):	<input type="text"/>
Employee number:	<input type="text"/>	National Insurance number:	<input type="text"/>

## Things to remember

Please ensure that the beneficiaries indicated below (which can include a wide range of people) are clearly identified. If you are in doubt, please contact the Payroll Department.

Completed forms should be posted to the address above or be scanned to the Payroll Department at payroll.ldn@uk.perenco.com who will put this on your file. The form will only be viewed or opened in the event of your death.

## Part B Your dependant(s)

1. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

2. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

## EXPRESSION OF WISH FORM (CONTINUED)

3. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

4. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

5. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

6. Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	Proportion (%):	<input type="text"/>

### Part C Declaration

I understand that this is only an expression of wish, which is not binding on the Trustees and which may at any time be revoked or revised in a further letter from me or another expression of wish form that supersedes previous forms.

In the event of my death, I wish the discretion under the Plan rule to be exercised so that the Trustees pay any benefits arising to the above dependant(s) in the proportion(s) shown.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_