

# Expression of Wishes Form

The Trustee of the Lloyd’s Superannuation Fund, of which you are a member, decides to whom it pays any lump sums that are payable from the Fund on your death. In exercising its discretion, the Trustee must take account of, but is not bound by, your wishes. This form allows you to indicate to the Trustee how you would like any lump sum to be distributed in the event of your death.

**Please complete this form in BLOCK CAPITALS, IN BLACK INK and return it to the Trustee at the address given at the bottom of this page.**

## Statement to the Trustee of the Lloyd’s Superannuation Fund

I hereby request that in exercising your discretion as to the payment of any lump sum benefits payable on my death, you consider payment to the person or persons named below. I understand that the Trustee is not bound by my wishes.

By signing this form, I confirm that I have read and understood the Data Protection Statement appended to the form and to the extent necessary I give my consent to the Trustee to process any sensitive personal data held on this form.

***Note: If you wish to divide the benefit between two or more people, please indicate how you would wish the benefit to be divided between them. The percentages must add up to 100%.***

## Your details

Title:	First Name(s):	Surname:
Pension number:	Email address:	
Address:		
		Postcode:
Home Telephone:	Mobile Telephone:	
Signed:		Date:

**Post to: Lloyd’s Superannuation Fund, Lloyd’s Building, One Lime Street, London EC3M 7HA**

**Email to: [admin@lsf.org.uk](mailto:admin@lsf.org.uk)**

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM ABOVE**

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## My nominated beneficiaries

Title:	First Name(s):	Surname:
Date of Birth:		Relationship:
Address:		
		Postcode:
<b>Percentage of benefit (%):</b>		<b>%</b>
Title:	First Name(s):	Surname:
Date of Birth:		Relationship:
Address:		
		Postcode:
<b>Percentage of benefit (%):</b>		<b>%</b>
Title:	First Name(s):	Surname:
Date of Birth:		Relationship:
Address:		
		Postcode:
<b>Percentage of benefit (%):</b>		<b>%</b>
<b>Percentage of benefit (%):</b>		<b>100%</b>

YOU CAN CONTINUE ON A SEPARATE SHEET IF NECESSARY

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## Data Protection Statement

### Please read before completing and signing this form

When completing this form, you will be providing personal information about yourself and your beneficiaries and this information is known as 'personal data' (because it is personal information about living individuals).

The Trustee is the 'data controller' of all personal data held in respect of the LSF and, as such, is responsible for meeting certain legal requirements under data protection legislation in relation to that personal data. The Trustee has a legitimate interest in processing this personal information to ensure proper administration of the LSF. More information about the way the Trustee processes personal data is available at: <https://www.lsf.org.uk/privacy-notice>.

Some of the information you provide may be 'sensitive personal data' (also known as 'special categories of personal data') because it relates to your relationships with other people and so could relate to your sexual orientation.

If you provide any sensitive personal data about yourself and/or others when completing this form, the Trustee may need your explicit consent in order to use that sensitive personal data.

Individuals have the right to withdraw consent to the Trustee using the sensitive personal data specified in this form at any time. However, if consent is withdrawn, this will not affect the processing of any personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact the LSF administration team at Lloyd's Superannuation Fund, Lloyd's Building, One Lime Street, London EC3M 7HA, or [admin@lsf.org.uk](mailto:admin@lsf.org.uk).

Please inform any people mentioned on this form that you have passed their personal data to the Trustee, and provide them with a copy of this Data Protection Statement, and notify them that they can contact the Trustee if they have any concerns about the way that their personal data is being used.

## Your acknowledgement and consent

I confirm that I have read and understood the information set out above before completing and signing this form.

I understand that the information I am providing includes personal data (possibly including sensitive personal data) regarding both me and others. I understand that the Trustee will use the above information for the purpose of processing any death benefits payable from the LSF and give my consent to the Trustee to the extent that is required. I have informed anyone named on this form that their personal data is being provided to the Trustee, and I have provided them with a copy of this Data Protection Statement.

In connection with the administration of the payment of the benefits to which this form relates, I acknowledge that the Trustee may disclose the information contained in this form to such of the Trustee's professional advisers (including actuaries, auditors and lawyers) or other parties involved in the LSF (including insurance companies) as the Trustee decides, and give my consent to the Trustee to the extent it is required.

I also understand and acknowledge that the information that I am providing will be retained by the Trustee for as long as necessary to enable it to process any benefit payable in respect of me after my death, to deal with any queries that may arise in respect of that benefit or decisions relating to it, and in order to ensure the proper administration of the LSF (including updating my contact details when required).