

My LV= Employee Pension Scheme

Expression of wish form

Please use this form to tell the Trustee who you think should receive any lump sum benefit under the Scheme if you die.



Please fill in this form and send it back to: **mypension@lv.com** or print out and post to
My LV= Employee Pension Scheme, LV=, County Gates, Bournemouth, BH1 2NF

Name

Date of birth

National Insurance number

Member reference number

Contact phone number

Please consider the following people for any lump sum benefit under the Scheme if I die.

Name

Share of the payment %

Address

Postcode

Relationship to you

Date of birth

Continued over the page.



Name

Share of the payment %

Address

Postcode

Relationship to you

Date of birth

Name

Share of the payment %

Address

Postcode

Relationship to you

Date of birth

Name

Share of the payment %

Address

Postcode

Relationship to you

Date of birth



You can select up to four nominees using this form. If you wish to select more than four, please continue on a separate sheet.

You should keep a copy of this form for your own records.

Your data

The Trustee (LV= Pension Trustee Limited, whose registered office is at County Gates, Bournemouth, BH1 2NF), is the 'data controller' in respect of personal data that is obtained and processed for the administration of the Scheme.

As a data controller, the Trustee holds certain personal data about you, as a Scheme member, and your dependants and beneficiaries (if any). Personal data means information that can be used to identify you as an individual. The Trustee processes this data to comply with its legal obligations under the Scheme and under law, and for the purposes of its legitimate interest in properly administering the Scheme.

In processing your personal data, the Trustee may:

- process your 'special category data' such as information regarding your health records in connection with an application for ill-health benefits under the Scheme;
- pass on personal data to third parties which may include the Scheme's sponsoring employer, professional advisers, administrator, actuary, insurance companies, counterparties to Scheme investments, as may be necessary or desirable for the operation of the Scheme;

- transfer your personal data outside the European Economic Area (EEA) to a jurisdiction that may not offer an adequate, or equivalent, level of protection according to the laws of your home jurisdiction. However, in the event that your personal data is sent outside the EEA, the Trustee will still process your personal data in accordance with the applicable data protection laws, and will take reasonable steps to ensure that your personal data is handled securely and in accordance with the Trustee's data protection policy at www.lv pensionsvillage.co.uk/privacy; and

- retain your personal data for legitimate business reasons or to comply with applicable laws.

In certain circumstances the Scheme's actuary, legal advisers and certain other service providers may also be data controllers of your data.

You can find out more about how the Trustee uses your personal data, your rights with respect to that personal data, and how third parties acting as data controllers may use your personal data, in our data protection policy at www.lv pensionsvillage.co.uk/privacy



Please read the following notes, then sign the form.

I understand that the Trustee has the final decision over who receives any lump sum benefit under the Scheme if I die. The Trustee will consider my wishes but it does not have to follow them by law.

I have filled in details for all the people I would like the Trustee to consider. This form replaces any expression of wish form I have previously filled in.

I confirm that I have read and understand the information on data protection at the end of this form and I confirm that I have notified the relevant individual(s) of the purpose of this form and each relevant individual has agreed to me providing their personal data to the Scheme for the purpose of making benefit payments.

How to sign the document

To sign this form electronically, please download and open with Adobe Acrobat Reader.

Once opened, simply double click the signature box below and select 'Configure Digital ID' if you don't already have one.

You can then select 'Create a new Digital ID' and follow the instructions provided to create your digital verifiable signature.

If you are unable to sign this form electronically, you can print the form, sign it and send a scanned version to us by email. We will also accept photographs of completed forms via email, providing they are clear and readable.

Signature

Date