DS Smith Group Pension Scheme Nomination of Beneficiaries Form



This form should be used to confirm the details of your Nominated Beneficiary(ies). This nomination is an expression of wish and will be taken into account by the Trustee should a Lump Sum benefit be payable in the event of your death. The Lump Sum payable will depend on the Scheme Rules applicable to you

Please use BLOCK CAPITALS throughout and return the form to the Buck (address as below).

1. Your personal details						
Full name:	:					
National Ir	nsurance Number:			Member Referen	ce:	
Address:						
2. Your nominations						
I understand but I reques	d that in exercising you st that you bear them i	r Trustee discretion in mind. I have indicat	the payment of the lump sum bed how I would like the amour	penefits payable on my death undenefits applicable to me, you wints making up the Lump Sum to 10% and you must sign and de	ill not be bound by this o be divided. This No	expression of my wishes, mination supersedes any
Full nam	е	Date of Birth	Address		Relationship / Dependency	Proportion of Total Benefits (%)
3. Yo	our signature					
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Signed:	iat to the best of filly ki	nowledge alla bellel,	ano information contained in t	Date:		1
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DS Smith Group Pension Trustee Privacy Notice (a copy of which is available from the Buck on request). Any information contained in this form will be treated in the strictest confidence and in accordance with General Data Protection Regulations.

Please return this form to: Buck (Bristol), PO Box 319, Mitcheldean, GL14 9BF. DS Smith Group Pension Trustees Ltd process this data in line with the