



## TO BE COMPLETED BY THE MEMBER

Please complete this form and return it to:

Hanson UK Pension Schemes  
Capita  
PO Box 555  
Stead House  
Darlington  
DL1 9YT

### Expression of wish nomination form

This expression of wish form is designed for individuals who have benefits in the Hanson Industrial Pension Scheme (HIPS) and/or the Castle Pension Scheme (CPS), together known as the “Schemes” for the purpose of this form. It is relevant if benefits are payable from the Schemes on your death at the discretion of the Trustees. The details you provide will be considered by the Trustees if they are required to make a decision about benefits payable on your death.

Benefits payable under each of the Schemes are separate and you can, if you wish, nominate different individuals as potential beneficiaries in the event of your death, under each of the Schemes.

The benefits under each of the Schemes are held by separate trustees and together are known as the “Trustees” for the purpose of this form.

### Part A      Your personal details

Full name	<input type="text"/>
NI number	<input type="text"/>
Address	<input type="text"/>
Daytime telephone number	<input type="text"/>



## Part B Lump sum nomination details

Lump sum benefits may be payable under one or both of the Schemes in the event of your death. You can, if you wish, nominate different individuals as potential recipients of such a lump sum under each of the Schemes. You should understand that this nomination is not binding on the Trustees.

Scheme(s) (HIPS/CPS/Both)	Name	Relationship to you (if any)	Address	Proportion of benefits (%)



### Part C Spouse's/Civil Partner's personal details

If you have a spouse/civil partner, please provide their details below.

Name	Relationship
<input type="text"/>	<input type="text"/>
Address	Date of birth
<input type="text"/>	<input type="text"/>
Daytime telephone number	
<input type="text"/>	

### Part D Dependants' pension nomination details

In certain circumstances (for example, if you do not have a spouse/civil partner), a pension may be payable to one or more of your dependants, at the Trustees' discretion. You are therefore asked to provide details of any dependants you may have besides your current spouse or civil partner. The Trustees will consider this list if any pension is payable. The criteria an individual must satisfy in order to be recognised as a potential dependant are different under each of the Schemes and the details of the individuals you provide will be assessed against those criteria by the trustee of each of the Schemes when determining if a pension is payable.

Scheme (HIPS/CPS/Both)	Name of dependant	Relationship to you (if any)	Address	Proportion of benefits (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Part E Data Protection

By signing this form you give your consent to enable your information to be processed by both the Trustees of HIPS and CPS if you have benefits in both Schemes. Should you wish to, you can complete separate forms in respect of each of the Schemes and return these individually.

## Part F Declaration and Signature

By signing this expression of wish form, I declare that:

- I understand that in exercising their discretion in distributing any benefits, the Trustees will not be bound by my nominations.
- I understand that a dependant's pension will only be paid at the discretion of the Trustees and, if paid, will only be paid to a qualifying dependant in accordance with the Trust Deed & Rules of the relevant Scheme.
- I understand that by completing this expression of wish form, it will replace any previous nominations I may have made.

I have read and understood the enclosed terms and notes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**The information provided will be processed by Capita for purposes only associated with the Hanson Industrial Pension Scheme and/or the Castle Pension Scheme and will be used in accordance with the policies and the Trust Deed & Rules of the Schemes and the applicable data protection legislation.**



## Notes

1. When completed, you should make a copy of this form for your own records and return the original to Capita at the address provided at the beginning of the form. The details you provide will be held electronically unless this form is enclosed in a sealed envelope marked 'Only to be opened in the event of my death', with your full name and National Insurance number. This should in turn be enclosed in a further envelope addressed to Capita at the address provided at the beginning of the form. If you have completed separate forms in respect of each of the Schemes, please return these forms in separate envelopes, each envelope to be marked with the name of the Scheme to which the form relates.
2. Lump sum death benefits are paid by the Trustees under a discretionary trust and, if paid, are paid to, or for the benefit of, persons selected by the Trustees at the Trustees discretion, taking into account your wishes.
3. The Schemes are designed to minimise the effect of inheritance tax in respect of benefits payable on death. As the law stands it is understood that these death benefits paid under a discretionary trust would not be subject to this tax. For this reason you have no legal control over the disposition of death benefits, e.g. by Will.
4. You can complete a new expression of wish form at any time; if your personal circumstances change you should review your nominated beneficiaries and, if appropriate, complete a new form to ensure that it is always up to date. A new form can be requested from Capita or downloaded from the Hanson Pensions website at [www.hansonpensions.co.uk](http://www.hansonpensions.co.uk)
5. The person nominated to potentially receive a dependant's pension must qualify as a dependant according to the Trust Deed & Rules of each of the Schemes. This could potentially be:
  - a cohabiting dependant who is financially interdependent with you or;
  - a person who was dependent on you because of disability.

The criteria an individual must satisfy in order to be recognised as a dependant are different in each of the Schemes. The Trustees of each of the Schemes have the final decision as to whether someone qualifies as a dependant under their scheme.

6. You can nominate anyone to potentially receive a death benefit lump sum.
7. The amount of any benefits payable (if any) will be determined in accordance with the Trust Deed & Rules of each of the Schemes.
8. Capita's Contact Details:

Online: Using the 'Contact us' button once you have logged in to Hartlink Online at [www.hartlinkonline.co.uk/hanson](http://www.hartlinkonline.co.uk/hanson)

Email: [hanson@capita.co.uk](mailto:hanson@capita.co.uk)

Telephone: 0345 600 0591

Post: Hanson UK Pension Schemes, Capita, PO Box 555, Stead House, Darlington, DL1 9YT