

# Expression Of Wish Guidance

Document reference H107G

Quick actions:

## 1. Member details

If you are completing this form as a supplement to a new application, leave this section blank.

<b>Forename(s)</b>	Your first name and any middle names.
<b>Surname</b>	Your last name.
<b>Date of birth</b>	Your date of birth in the format DD/MM/YY.
<b>Hornbuckle plan number</b>	Your plan number is an 8-character alpha-numeric reference that we quote on our correspondence.  The plan number will either start "DW" followed by six numbers (e.g. DW123456), or with six letters followed by two numbers (e.g. ABCDEF01).
<b>Email</b>	Your preferred contact email address. We will use your email address to send you information relating to the administration of your plan, so you should avoid using a work email address or another address likely to be accessed by someone else.

## 2. Nomination

<b>Is this a new instruction, or an amendment to an instruction you have already given to us?</b>	You should select "New" if this is the first time you have made a nomination in relation to your plan with Hornbuckle. You should select "Amendment" if you have already made a nomination in relation to your Hornbuckle plan, and you want to use this form to replace that nomination.
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You should use this section to provide details of the beneficiary or beneficiaries you wish to nominate to receive the remaining benefits in your Hornbuckle plan on your death. This can be any person, trust or charity.

Some types of pension death benefits can only be paid to a "dependant" of a plan member, which includes certain close relatives. For this reason, we ask you to confirm what relationship each nominated beneficiary has to you.

You can nominate that each beneficiary should receive a given percentage of your fund value. For example, if you wanted to nominate that two beneficiaries should receive half of your remaining fund value each, you should enter "50%" for both beneficiaries. If you want to nominate a single beneficiary you should enter "100%".

We have provided a space you can use to provide us with any additional instructions.

You should remember that your nomination to us is not binding. Although it will be taken into consideration when we are determining how the remaining benefits in your plan should be paid out on your death, we will consider all the relevant circumstances before making our decision.

## 3. Member declaration

If you are completing this form as a supplement to a new application, leave this section blank.

Otherwise, please sign and date this section where indicated.

### Get in touch

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