

# SEI Master Trust Expression of Wish form

**To be completed by the member. Once completed please return this form to your Nidec Pension Contact.**

**IMPORTANT: Read these notes before you complete this form**

- 1.** Under present law, any lump sum death benefits payable under the SEI Master Trust (SEIMT), that is paid at the discretion of the Trustee, direct to your beneficiaries, can be paid without any tax liability. Your beneficiaries are defined in the SEIMT Rules or other official documentation governing the SEIMT and may include your family, other relatives, dependants and any person or organisation (e.g. a charity) you nominate in writing to the Trustee.
- 2.** You should tell the Trustee who you wish to be treated as your beneficiary(ies) by filling in the Expression of Wish form. If you do not complete this form, the Trustee will allocate benefits in their absolute discretion and those people who you would wish to benefit may not receive any benefits.
- 3.** You should always keep your nominations up to date following any changes in your personal circumstances. You can change any of your nominations whenever you want. To do this you should complete a new Expression of Wish form.
- 4.** Although the form allows space for up to four nominations, there is no restriction on the number of people and/or organisations you can nominate. Please specify your nominations in a letter to the Trustee if the form does not meet your needs. It is important to state for each nominated beneficiary what proportion of the total lump sum you wish them to receive. Please make sure the proportions add up to 100%.
- 5.** The Trustee will give every consideration to your wishes before paying any lump sums on death; however, to ensure that the payment can be made without any UK tax liability arising, your nomination is not legally binding on them.
- 6.** The information you provide will be used for the purpose of administering benefits under the SEIMT. It will be held, in strict confidence, by the SEIMT administrators on behalf of the Trustee.

## Part A

### Personal details

Full name			
Date of birth		NI number	
Email address			
Home address			

## Part B

### Nomination details

I nominate the person or people named below to receive a lump sum death grant in the event of my death whilst in service. I understand that if I complete this nomination, it will replace any nomination I have made earlier.

Name(s) of Nominated Beneficiary/ies	Relationship (if any)	Address	Proportion of benefits

Member signature		Date	
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Name	
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The information provided will be processed by Capita for purposes only associated with the SEI Master Trust and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.