

Provident Financial Staff Pension Scheme

Expression of Wish form

Personal Details

Full Name	-----
National Insurance Number	-----
Address	-----

Any discretionary lump sum benefit arising under the Provident Financial Staff Pension Scheme (the Scheme) will be paid to whoever the Trustees shall decide in accordance with their discretionary powers under the Rules of the Scheme. If you would like the Trustees to take your wishes into account in arriving at their decision you should complete and return this form to the Trustees c/o the Pensions Team, Vanquis Banking Group, No. 1 Godwin Street, Bradford, BD1 2SU.

It is my wish that any discretionary benefits arising from the Scheme in the event of my death should be paid to the person or persons listed below in the proportions indicated.

Full Name(s) and address(es)	Relationship to me (if any)	Proportion of benefit

I understand that in exercising their discretion as to the disposal of benefits the Trustees will not be bound by this expression of wish form, but I request that it be borne in mind. This expression of wish form supersedes any previously made by me.

Signature of Member -----

Full Name (capitals) -----

Date -----

Please return this form to the Pensions Team at Vanquis Banking Group, No. 1 Godwin Street, Bradford BD1 2SU or by email to pensionenquiries@vanquisbankinggroup.com