



GREGGS PENSION SCHEME

Letter of Wishes Form

Please use this form to tell us who you would like the Trustees to consider making payment to should you die before taking your retirement benefits. The Trustees have sole discretion as to whom payment is made. However they will take your wishes into account.

(Please note that if you name someone who is under 18, the Trustees will only make any payment to the legal representative on their behalf or into a trust if one exists that is suitable for this purpose). If, at any time, your circumstances change and you wish to alter your nomination(s), please contact us.

1. About You

Your full name	<input type="text"/>
Your date of birth	<input type="text" value="/ /"/>
National insurance number	<input type="text"/>
Your pension account number	<input type="text"/>

2. About Your Beneficiaries

Who would you like to receive any payments?

I wish to nominate the person(s) shown below/on the reverse.

PERSON 1

Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Full name	<input type="text"/>
Relationship to me	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Percentage of any payment due	<input type="text" value=""/> %

If you want the benefit to be paid to more than one person, please ensure the percentages total 100%.

2. About Your Beneficiaries (continued)

If you die before you take your benefits and a cash lump sum becomes available, where do you want it to be paid?

I wish to nominate the person(s) shown below.

PERSON 2

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

%

PERSON 3

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

%

As you want the benefit to be paid to more than one person, please ensure the percentages total 100%. If you would like to nominate more than three beneficiaries, please attach a copy of these details to the form.

3. Your Confirmation

Signed:

Date:

Please sign the completed form and send it to: Legal & General Assurance Society Limited, Workplace Benefits: Pensions, 2nd Floor Knox Court, 10 Fitzalan Place, Cardiff, CF24 0TL.

Or you can email your beneficiary instructions to us at nominateyourbeneficiary@landg.com or fax your form to 029 2043 2372.

If you have any questions about completing this form, please give us a call on 0345 026 4684. Call charges will vary. We may record and monitor calls.