



# Merchant Navy Officers Pension Fund

Please read the Notes on the back before completing this Form.

Member's Full Name .....  
Member's MNOFP Membership Number .....

To: The Trustees of the Merchant Navy Officers Pension Fund

**Section 1: Expression of Wish in respect of lump sum death benefits**

**This Section must be completed by all Members.**

In the event of my death it is my wish that the Trustees apply any lump sum benefit due in the manner stated below. I understand that this Form is not binding on the Trustees.

**Person(s) Nominated (Section 1):**

A. Full Name .....	B. Full Name .....
Address .....	Address .....
.....	.....
Relationship .....	Relationship .....
Share .....	Share .....
C. Full Name .....	D. Full Name .....
Address .....	Address .....
.....	.....
Relationship .....	Relationship .....
Share .....	Share .....

**Section 2: Nomination of Partner in respect of a Dependant's Pension**

**This Section should be completed only if: (a) you are a Member of the Old Section of the MNOFP; and (b) you do not have a spouse.**

In the event of my death, I wish to nominate the person named below to be my nominated partner for the purposes of Rule 35. I declare that I am not married and, if I was previously married, I am now legally divorced from my previous spouse. I confirm that the person named below is dependent on me.

**Person Nominated (Section 2):**

Full Name ..... Date of Birth .....  
Address .....  
.....

I confirm that I have read the Notes to this Form.

**Signature of Member** ..... **Date** .....

The completed Form should be returned to  
MNPA at Leatherhead House, Station Road, Leatherhead, Surrey, KT22 7ET

## **Notes to Members on the MNOPF Expression of Wish Form**

### **1. Section 1 of the Form**

**Purpose of Section 1:** The MNOPF provides lump sum death benefits. It is the Trustees' discretion to determine to whom those benefits are paid. However, in exercising their discretion, the Trustees will take into account your wishes as set out in Section 1 of this Form. Your wishes will not be binding on the Trustees.

**Who can be included in Section 1:** You may include any person(s) on the Form. However, one would usually include relatives or others who are dependent on you. You may enter the name of more than one person in Section 1 of the Form. Where you include more than one person, please indicate the share of the death benefit which you would like each person to have (totalling 100%).

### **2. Section 2 of the Form**

**Purpose of Section 2:** If you are not legally married at the date of your death, the Trustees have a discretion to decide whether or not to pay certain widow(er)'s benefits to another person who was, in the Trustees' opinion, dependent on you for the provision of all or any of the ordinary necessities of life. You can nominate a partner (who may be the same sex as you) in Section 2 of the Form. Your nomination will not be binding on the Trustees. In exercising their discretion, the Trustees will take account of the person nominated as your partner in Section 2 of this Form.

**This discretion applies only in relation to Old Section benefits. The full details of the Trustee's discretion are set out in Rule 35 of the MNOPF Rules.**

### **3. Changes in your personal circumstances**

In the event of any change in your personal circumstances (in particular if you marry or re-marry or if the address of either yourself or a nominated person changes), it is advisable that you consider whether you need to submit a new Expression of Wish Form to the Trustees updating the person(s) nominated in Sections 1 or 2 of this Form. You can obtain a new Expression of Wish Form at any time from MNPA.

### **4. Data Protection**

The information on the completed Form is subject to the provisions of the Data Protection Act 1998 ("DPA"). By completing the Form, you confirm your understanding that any person named in it will become a data subject for the purposes of the DPA and will have the right to request access to the information on the Form which refers to them. You also confirm that, on behalf of the Trustees, you have provided each such person with the fair processing information required by the DPA and you have obtained their consent to their personal data being provided to the Trustees and their data processors.

**If you do not complete and return this Expression of Wish Form, the Trustees cannot be sure of your wishes. Completion of this form will also assist in speeding up payment of the relevant benefit.**