

**MERCHANT NAVY OFFICERS PENSION FUND (“MNOFP”)  
EXPRESSION OF WISH FORM (“FORM”)**

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

Member’s Full Name:

Member’s MNOFP Membership Number:

**Expression of Wish in respect of lump sum death benefits**

In the event of my death it is my wish that the Trustee of the MNOFP (“the Trustee”) applies any lump sum benefit due in the manner stated below.

Name of Nominated Beneficiary(ies)	Relationship to Member	Proportion (%)*	Address of Nominated Beneficiary
		100%	

\*This column must add up to 100%

Please continue on a separate sheet if you require more than 4 beneficiaries.

I confirm that I have read the notes to this Form and understand that this Form is not binding on the Trustee and may be cancelled or revised by me at any time in the future.

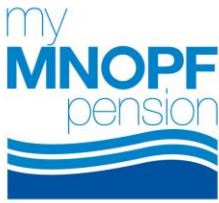
Where I have provided sensitive information, I provide my consent for the Trustee to use the information provided.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

The completed Form should be returned to:

**myMNOFPpension, Post Handling Centre U, St James’s Tower, 7 Charlotte Street,  
Manchester, M1 4DZ**



## Notes to Members on the MNOFP Expression of Wish Form

### 1. Lump sum death benefits

Your MNOFP pension provides lump sum payments in the event of your death. The Trustee of the MNOFP (the “Trustee”) has discretion to determine to whom those benefits are paid. In exercising its discretion, the Trustee will take into account your wishes as set out on this Form, but they are not legally binding on the Trustee.

**Who can be included:** You may include any person(s) on the Form, for example, a relative, partner, friend, registered charity or someone who is dependent on you. If you nominate payment to be made to your Estate, there may be a liability for Inheritance Tax if the total value of your Estate exceeds HMRC limits. You may enter the name of more than one person on 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 (to total 100% amongst all beneficiaries).

### 2. Changes in your personal circumstances

In the event of any change in your personal circumstances (in particular if your marital circumstances change, you have children or if the address of either yourself or a nominated person changes), it is advisable that you complete a new Expression of Wish Form updating the person(s) nominated on this Form. You can obtain a new Expression of Wish Form at any time by writing to myMNOFPpension at the address shown on page 1.

### 3. Data Protection

In completing this Form we ask you to provide information about your relationship to the people you have listed on the Form. In doing so you may reveal information relating to your sexual orientation and/or other sensitive information and that of the people named on this Form.

Data protection regulation requires that the trustees obtain explicit consent from those people whose sensitive information has been shared with the Trustee before they can use that information.

Therefore, you should take steps to inform those named on this Form that you:

- are disclosing their details to the trustees;
- obtain their consent to do so; and
- provide them with a copy of the Trustee's privacy notice (available at [www.mnopf.co.uk/privacy\\_notice.html](http://www.mnopf.co.uk/privacy_notice.html))

The people listed have the right to see the information on the Form that relates to them and to withdraw their consent at any time. Please contact us if anyone named on this Form wishes to withdraw their consent and we will tell them about the possible consequences of withdrawing consent at that time.

Please note that we process the other personal information collected on this Form on the basis that the processing is necessary for our legitimate interests in administering the MNOFP and identifying potential beneficiaries for the payment of your death benefits (such interests not overriding your rights and freedoms) and so you do not need to provide your consent to such processing.

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