

Expression of Wish form

Bank of America Merrill Lynch UK Pension Plan

Please complete this form to notify the Trustee how you would like your death benefits paid in the event of your death.

Please use BLOCK capitals and return to: **The Bank of America Merrill Lynch UK Pension Plan, Hartshead House, 2 Cutlers Gate, Sheffield, S4 7TL.**

See the Employee Handbook for more details about your death benefits.

1. My details

Title:	First name(s):
Surname:	
Person number:	National Insurance number:

2. My beneficiaries

I would like the Trustee of the Bank of America Merrill Lynch UK Pension Plan (the Plan) to consider paying the death benefits provided by the Plan to the people named below. Please continue on a separate sheet if necessary.

Title	First Name	Surname	Address	Relationship to me	Percentage share of benefit*

* Please make sure your nominations total 100%.

3. My confirmation

I understand that the Trustees are not bound by my nominations and have complete discretion when deciding to whom the benefits should be paid. I understand that this form cancels any previous Expression of Wish form. I also understand that I may submit a new paper Expression of Wish form or make my choices online on the pensions administration site either using the SSO links from Flagscape or at www.hartlinkonline.co.uk/boaml any time should my personal circumstances change.

I hereby authorise the Trustees and their advisers to hold, and in the event of my death, to use this information in accordance with the requirements of the Data Protection Act, 1998.

Signed:	
Date:	Contact Number:

**Bank of America
Merrill Lynch**

