

University of Sussex Pension & Assurance Scheme

Expression of Wishes Form

Surname:

Title:

Mr / Mrs / Miss / Ms /

Forename(s):

Date of birth:

NI number:**Address:**

In the event of my death, I would like any lump sum benefits to be paid as follows:-

Name and Address

Relationship

Proportion

I understand that the Trustees have both a legal obligation to process and a legitimate interest in processing data