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