



**Expression of Wishes**

**Any benefits which become payable on your death are at the discretion of the Trustee.**

It is unlikely that the benefits would not be paid in accordance with your wishes, but since the Trustee has discretion, it is the Trustee who would finally decide who should receive the benefits.

**To the Trustee of the Compass Group Pension Plan.**

I would like the Trustee to exercise its discretion in respect of any lump sum benefit from the Plan in the event of my death in favour of the person or persons and in the proportions shown below.

Full Name	Relationship (if any)	Proportion of Benefits

I understand that the information in this form is an expression of my wishes only, that it is not binding on the Trustee, and that it may at any time be altered by completion of a further form.

**Completion of this form will null and void any previous forms.**

Signed ..... Date .....

Surname ..... First Name ..... (Mr/Mrs/Ms/Miss)

Marital Status ..... NI Number .....

Email Address: .....

Telephone No: ..... Date of Birth .....



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