

The University of Edinburgh Staff Benefits Scheme (SBS)

Expression of Wish form - for distribution of Lump Sum Death Benefit

Please complete this form using **BLOCK CAPITALS**

Full Name of Member:	National Insurance Number:

Declaration

In the event of my death, I wish the Trustees to exercise their discretion under the Rules for the benefits arising under SBS in favour of the following and in the proportions shown. I understand this is an Expression of Wish only and that it is not binding on the Trustees and may at any time be revoked or revised by me on completion of a new Expression of Wish form.

Full Name of beneficiary	Relationship to member (if any)	Address of beneficiary	Proportion of Lump Sum Death Benefit

Signature of Member:	Date:

Witnessed by (<i>the witness must not be one of the named beneficiaries</i>)	
Signature of Witness:	Date:
Address of Witness:	

Note: The purpose of this form is to assist the Trustees in the exercise of their discretionary powers in relation to the lump sum death benefit and to avoid, if possible, any liability to Inheritance Tax.

The Scheme takes its obligations under the General Data Protection Regulation (GDPR) seriously and has appropriate procedures in place to ensure your personal data and rights are protected. The information provided on this form will be used for the purpose of administering your pension. Where necessary, we may disclose this information to third parties, for example, legal advisers. Please ensure any other persons named on this form are made aware that their information will be submitted to us for these purposes. To find out more about how we collect and process your personal data and protect your privacy please visit our webpages at <https://www.ed.ac.uk/finance/pensions/scheme-details/sbs/privacy-notice-for-sbs-members>
Please return this form to the Pensions Office, Charles Stewart House, 9-16 Chambers Street, Edinburgh, EH1 1HT or email it to pensionsmanager@ed.ac.uk