

If you die while you are a member of the ALSTOM Ltd Group Life Assurance Scheme (the Scheme), there may be a cash lump sum benefit payable. The Trustee has the discretion to decide who should receive this lump sum. The Trustee will consider any of your dependants together with anybody named in your Will. The Trustee will also consider your wishes as detailed on this Expression of Wish Form. However, the Trustee does not necessarily have to follow your wishes.

Please use this form to let the Trustee of the Scheme know who you would like to receive any cash sum if you die. Please ensure that you sign and date this form (see overleaf).

- You may nominate any person or charity.
- Although we ask you for the relationship you have with the beneficiaries you nominate, you are under no obligation to tell us, although this information may help the Trustee when exercising its discretion.
- We only need to know a beneficiary's address where it differs from your own.
- You can continue on the back if you choose more than two beneficiaries.

Please keep a copy of this form and review it from time to time. You should complete a new form if your circumstances change such as getting married or having children. The Trustee will treat the information on this form in the strictest confidence.

### Your personal details

Please use BLOCK CAPITALS

National Insurance number: 

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Surname: ..... Title: .....

First names: .....

Home address: .....

..... Postcode: .....

### Paying the cash sum

I would like the Trustee to consider paying any cash sum to the following beneficiaries in the proportions (fractions or percentages) I have shown. I understand that the Trustee does not have to do as I ask but will consider my wishes. This form replaces any previous choices I have made.

Full name: .....

Address .....

(if different from mine): .....

Postcode: .....

Relationship to me (if any): ..... Proportion: .....

Full name: .....

Address .....

(if different from mine): .....

Postcode: .....

Relationship to me (if any): ..... Proportion: .....

Please ensure that you sign and date this form (see overleaf).



Full name: .....

Address .....

(if different from mine): .....

Relationship to me (if any): ..... Postcode: .....

Proportion: .....

Full name: .....

Address .....

(if different from mine): .....

Relationship to me (if any): ..... Postcode: .....

Proportion: .....

### Your signature

Please ensure that you sign and date this form before returning it.

For the purposes of the Data Protection Act 1998, I consent to the Trustee holding and processing the data contained in this form and documents required in connection with the administration of the Scheme. I also consent to the holding and processing of such personal data by any third parties to whom the Trustee has delegated duties in connection with the administration of the Scheme.

Your signature: ..... Date: .....

**Please complete this form and send it to:**

Pensions Department  
ALSTOM Ltd  
Newbold Road  
Rugby  
CV21 2NH

Written acknowledgement will be sent to you upon receipt of the form.