

Arqiva Defined Benefit Pension Plan Nomination Form

Member's Full Name

I understand that this request is not binding on the Trustees of the Plan, but in the event of my death while a member, I would like the Trustees to consider making payment of the death benefits to the following (please continue on a separate sheet if necessary):

a. *Name*

Relation to myself (if any)

Address

Proportion (percentage).....

and **b.** *Name*

Relation to myself (if any)

Address

Proportion (percentage).....

and **c.** *Name*

Relation to myself (if any)

Address

Proportion (percentage).....

Comments (if any).....

This form cancels any previously submitted nomination form in connection with the disposal of lump sum death benefits.

Notes to member

- 1** In the event of any change in circumstances, it is your responsibility to see that any alteration in your nomination is made known to the Trustees by submitting a further form.
- 2** Any change in the address of the person(s) named should also be notified.
- 3** Percentages must add up to 100.
- 4** I agree that the Trustees, the company and their advisers (including the Plan administrators and actuaries) may hold and process such personal information as is necessary for them to discharge their duties in respect of the Plan. The information may also be passed to insurance companies to arrange insurance cover and to government bodies if required for the provision of benefits under the Plan. The information held is necessary to administer your benefits under the Plan and will only be processed in accordance with the requirements of the Data Protection Act 1998.

Signature *Date*

Please return to Pensions at KPMG LLP, Arlington Business Park, Theale, Reading, RG7 4SD