

# ROCHE PENSION FUND – DB SECTION

## NOMINATION FORM

**Nominate an adult financial dependant for a pension – only complete this form if you are not married or in a registered civil partnership.**

If, at the time of your death, you are not married or in a registered civil partnership, the Trustee has the discretion to pay a pension to another person. This pension can't be larger than what would have been payable to a spouse or civil partner, and the person you nominate needs to be someone who, in the opinion of the Trustee, is wholly or in part financially dependent on you, or whose maintenance and support you have undertaken before your death. Partial financial dependency includes financial interdependence. An individual may be regarded as financially dependent on you if they rely on your income to maintain a standard of living that depends on joint income before your death. The pension benefits following your death are very valuable, so it is important that you consider what your wishes are and whether your circumstances are such that you would like to nominate a dependant to receive a pension from the Fund.

### 1. Your personal details

**PLEASE USE BLOCK CAPITALS**

Full name:	
Home address (including postcode):	
NI number:	Reference or payroll number:
Date of birth:	

### 2. Pension for a dependant

Full name of dependant:
Address of dependant (including postcode):
How is this person financially dependent on you? (For example, if you live together and share bills, put that down here):

## Things to note

1. You are not legally required to complete the nomination form. However, it helps the Trustee take account of your wishes when they determine the beneficiary of your pension payment should the worst happen to you.
2. This form is not legally binding on the Trustee, who will have full discretion (under the Rules of the Fund) as to whom any payments will be made.
3. This form will be returned to you and removed from the Trustee's records at any time at your written request.
4. If your circumstances change, it is your responsibility to ensure that any change in your wishes is made known by completing and returning another form or by giving notice of cancellation of this form. You can do this at any time.

## Declaration

I understand and agree that:

1. I have read this form in full before completing and signing.
2. Although the Trustee will consider my wishes, they do not legally bind the Trustee who has full discretion over the payment of a dependant's pension from the Fund.
3. I can change my wishes whenever I want, but it is my responsibility to keep this form up to date.
4. This form cancels and replaces any previous nomination form, and, in the event of my death, the Trustee will only have regard to the most recently dated form.
5. The information I am providing includes personal data (and may include sensitive personal data) regarding both me and potential beneficiaries. I consent to the Trustee retaining the information contained in this form for any death benefits payable in respect of me from the Fund, to deal with any queries that may arise in respect of that benefit or decisions relating to it, and in order to ensure the proper administration of the Fund.
6. The Trustee is the 'data controller' of all personal data held in respect of the Fund and, as such, is responsible for meeting certain legal requirements in relation to that personal data. The Trustee may pass the information contained in this form to such third parties as may be necessary for the administration of the Fund, including in particular to the Trustee's professional advisers (including administrators, actuaries, auditors and lawyers) as the Trustee decides.

Signature:	Date:        /        /
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Please return this form to the DB Section administrators, WTW. You can scan and email it to **rochepensions@wtwco.com** or post it to Roche Pension Fund, WTW, Sunderland SR43 4JU.

### Data Protection

When completing this form, you will be providing personal information about yourself and your beneficiaries and this information is known as 'personal data'. The Trustee needs this personal data to be able to administer Fund benefits and to make decisions about and process any death benefits payable in respect of you from the Fund. Some of the information you provide may even be 'sensitive personal data' (also known under the legislation as 'special categories of personal data'), because it reveals information about you and/or your beneficiaries which is particularly sensitive. This type of information includes information about an individual's health, sex life and/or their sexual orientation. By signing the Declaration, you consent to enable the Trustee to use and make decisions based on this information when processing death benefits in respect of you from the Fund. The form does not ask for the consent of your named beneficiaries. This is because the Trustee considers that asking your beneficiaries to provide their consent may undermine the potentially confidential nature of the nomination process.

You have the right to withdraw your consent to the Trustee using any sensitive personal data provided on this form at any time. However, if you do so, this will not affect the processing of any sensitive personal data that took place beforehand. If you wish to exercise your right to withdraw your consent to the use of this sensitive personal data, or if you have any queries about completing this form, please contact the DB Section administrators using the details below.

The Trustee's privacy notice explains in detail how it processes personal data and your rights in connection with that data. If you would like to receive a copy of the privacy notice, please contact the DB Section administrators:

**Email:** rochepensions@wtwco.com

**Call:** 01707 607 608