

**National Grid Electricity Group of the ESPS
Expression of Wish**

Surname:	Forename:
NI Number:	Indref:
Location:	

In the event of my death I wish the discretion under the Scheme Rules to be exercised so that the Group Trustees will apply the lump sum death benefits arising under the above Scheme for the benefit of the following Beneficiaries in the proportion(s) shown:

	1	2	3	4
Name:				
Address:				
Relationship:				
Proportion:				

In the event of the person named in 1 above dying before me or not surviving me by 14 days, I wish their share to be paid to the persons named in *2/3/4 above. * delete as applicable

In the event of your death the Group Trustees will normally distribute the lump sum in accordance with your wishes. However the Group Trustees are not legally bound to pay the lump sum to a nominated beneficiary and will take account of your circumstances at the time. It is important, therefore, that you keep your Expression of Wish form up to date.

I UNDERSTAND THAT THIS IS AN EXPRESSION OF WISH ONLY, WHICH MAY AT ANY TIME BE REVOKED OR REVISED BY COMPLETION OF A NEW EXPRESSION OF WISH FORM.

I agree that the Group Trustees of the National Grid Electricity Group of the Electricity Supply Pension Scheme (the "Scheme") may hold, process and disclose information about me for the purposes of administering the Scheme once I have become a member. (This personal data includes but is not limited to my name, address, age, sex, employment history, salary and benefits and sensitive personal data such as medical records). I understand that my personal data may be transferred to third parties within and outside the European Economic Area ("EEA") who advise or assist the Group Trustees in the performance of their duties and to any employer participating in the Scheme. I also understand that countries outside the EEA to which my personal data may be transferred may not have laws to protect my personal data.

I also confirm that where I have given information to the Group Trustees about my family or other persons, I have explained to such persons that the Group Trustees of the Scheme may hold, process and disclose information about them for the purposes of administering the death benefits under the Scheme and such persons have consented to the processing of their personal data for such purposes.

**Signature
of
Member**

_____ **Date** _____

Please return this form to: Railpen, 2 Rye Hill Office Park, Birmingham Road, Allesley, Coventry, CV5 9AB