



BP Retailing Pension & Life Assurance Scheme

Expression of wishes form

To: *The trustee of the BP Pension Fund*

Please complete this form to give us the names and addresses of those people you would like to benefit if anything happens to you.

Send your completed form to:
 BP UK Pensions and Benefits
 Chertsey Road
 Sunbury-on-Thames
 Middlesex, TW16 7LN

If you wish, you may put your completed form in a sealed envelope with your full name, address, membership number and date of completion on the front, and marked 'only to be opened in the event of my death'. If you want the trustee to be aware of any other information, you should attach this to the form.

Your full name: _____

National Insurance number: _____ Date of birth: _____

Membership number: _____

Daytime telephone: _____

Under the trust deed of the BP Pension Fund, only the BP Pension Fund trustee can decide who should receive discretionary benefits which become payable on the death of a Fund member. You can help the trustee in making this decision by completing the boxes below indicating who you would like to receive the benefit.

The trustee will bear your wishes in mind when exercising its discretion, but is not legally bound.

Although I understand that the beneficiary of any lump sum benefit payable on my death is at the sole discretion of the trustee, I would like it to consider the person(s) named below:

Name and Address	Relationship to me	% of benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important information about consent

This form requires you to provide personal information (also known as 'personal data'). This will allow you to be identified. Some of the information may even be 'sensitive personal data' because it could refer to your relationship status and could relate to your sexual orientation.

BP Pension Trustees Limited is the data controller and needs your explicit consent to use the personal information you are providing. You have the right to withdraw your consent to the processing of the personal data specified in this form at any time, but this will not affect the processing which took place beforehand.

If you wish to exercise your right to withdraw your consent, or have any questions about completing this form, please contact BP UK Pensions and Benefits, Chertsey Road, Sunbury-on-Thames TW16 7LN or call us on 0345 602 1063.

Your acknowledgement and consent

I confirm that I have read and understood the 'Important information about consent' set out above before completing and signing this form.

I understand that the information I am providing contains personal data (including sensitive personal data).

I agree that the trustee may process this information and share it with the Scheme administrator and other advisers in processing any death benefits that may be payable.

I understand and agree that the information I am providing will be retained by the trustee for as long as is necessary for the effective administration of the Scheme.

Signature: _____ Date: _____

Please remember to complete a new expression of wishes form if your circumstances change.

