

# Nomination of beneficiaries form

Use this form to let the Trustee know to whom you would like any cash lump sum benefits paid on your death. Or alternatively you can register for online access to your pension account at <https://mypension.dhl.co.uk> and update your nomination of beneficiaries form online.

Please complete clearly in BLOCK CAPITALS

## A Your personal details

Title (Mr/Mrs/Miss/Ms/other):

NI number:

Surname:

First names:

Email:

Address:

Postcode:

Membership number:

Business:

Date of birth:    /    /

Plan Section:

### Data Protection Statement

#### Please read before completing and signing this form

When completing this form, you will be providing personal information about yourself and your beneficiaries and this information is known as "personal data" (because it is personal information about living individuals).

The Trustee is the "data controller" of all personal data held in respect of the Plan and, as such, is responsible for meeting certain legal requirements under data protection legislation in relation to that personal data. The Trustee has a legitimate interest in processing this personal information to ensure proper administration of the DHL Group Retirement Plan. More information about the way the Trustee processes personal data is available at: <https://mypension.dhl.co.uk>.

Some of the information you provide may be "sensitive personal data" (also known as "special categories of personal data") because it relates to your relationships with other people and so could relate to your sex life or sexual orientation. If you provide any sensitive personal data about yourself and/or others when completing this form, the Trustee will need your explicit consent in order to use that sensitive personal data.

Individuals have the right to withdraw consent to the Trustee using the sensitive personal data specified in this form at any time. However, if consent is withdrawn, this will not affect the processing of any personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact DHL Pensions. Please inform any people mentioned on this form that you have passed their personal data to the Trustee, and provide them with a copy of this Data Protection Statement, and notify them that they can contact the Trustee if they have any concerns about the way that their personal data is being used

#### Your acknowledgement and consent

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

I understand that the information I am providing includes personal data (possibly including sensitive personal data) regarding both me and others. I understand that the Trustee will use the above information for the purpose of processing any death benefits payable from the Plan and give my consent to the Trustee to the extent that is required. I have informed any people mentioned on this form that their personal data is being provided to the Trustee, and I have provided them with a copy of this Data Protection Statement.

In connection with the administration of the payment of the benefits to which this form relates, I acknowledge that the Trustee may disclose the information contained in this form to such of the Trustee's professional advisers (including administrators, actuaries, auditors and lawyers) as the Trustee decides, as well as to the trustee of any other trust associated with my employment in the DHL Group which provides life cover benefits, and give my consent to the Trustee to the extent it is required.

I also understand and acknowledge that the information that I am providing will be retained by the Trustee for as long as necessary to enable it to process any benefit payable in respect of me after my death, 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 Plan. We must keep all personal information safe and only hold it as long as is necessary. To comply with the law we must keep certain personal data for a minimum of 6 years. But, given the nature of pension schemes, the Trustee expects it to be necessary to keep this information for the duration of the Plan.

If you have any questions, please contact the DHL Group Pensions Department by

[dhl.uk.pensions@dhl.com](mailto:dhl.uk.pensions@dhl.com)

Pensions Helpline: 0161 425 7370  
8:00am to 4:30pm Monday to Friday  
(excluding bank holidays)

Please quote your membership number on all correspondence.

Please turn over to complete

## B Your nominations

I would like the Trustee to consider paying any cash lump sum due from my membership of the DHL Group Retirement Plan to the following people, charities, or other organisations named below. I understand that the Trustee is not bound by my nominations and has absolute discretion over the payment of any benefits.

*The proportions of benefit that you allocate must add up to 100%.*

Full name:

Address:

Postcode:  Relationship:

Proportion of benefit :  %

Full name:

Address:

Postcode:  Relationship:

Proportion of benefit :  %

Full name:

Address:

Postcode:  Relationship:

Proportion of benefit :  %

Full name:

Address:

Postcode:  Relationship:

Proportion of benefit :  %

I understand that this completed form supersedes any earlier nominations.

Signature: \_\_\_\_\_ Date:

When completed, please return this form to:

**DHL Group Pensions Department, Howard House, 40-64 St Johns Street, Bedford MK42 0DJ**