

# DEATH BENEFIT NOMINATION FORM

## DEFINED BENEFIT SECTION

You can use this form to make or change a nomination for the lump sum death benefit.

For more information on what may be payable in the event of your death, please visit our website:  
[www.abfpensions.com](http://www.abfpensions.com)

### YOUR DETAILS

Name	Date of birth
Please confirm your email address and phone number below:	
Email	Phone number

### NOMINATION DETAILS

Please use the table below to tell us who you want to receive a share of the lump sum death benefit. For each person, you should allocate a percentage of the total death benefit lump sum, ensuring they all add up to 100%.

For example, person A - 25%, person B - 25%, person C - 50% (25% + 25% + 50% = 100%)

If you want to provide any additional information to the Trustee, please use the space over the page.

Name	Address	Relationship to you	Death Benefit %

Please turn over to complete and sign the form.

Please use the space below to provide any additional information that may be useful to the Trustee

## DECLARATION

I understand the Trustee will bear my wishes in mind, but it is not legally bound by them. I consent that data about me and my nominated beneficiaries, (including sensitive personal data) may be held, processed and disclosed (including outside the European Union) to third parties for the purposes of administering the Scheme.

Associated British Foods Pension Trustees Limited processes the personal data about you and your nominees collected in this form, in order to administer the plan, as well as for other purposes that are explained in Associated British Foods Pension Trustees Limited's privacy notice provided, available online at [www.abfpensions.com/dataprotection](http://www.abfpensions.com/dataprotection). If you would like to request this in printed form, please contact us.

You can obtain further information about the processing, and your rights in respect of it (including the right to object in certain circumstances) by visiting the privacy notice. You must provide this notice to your nominees if you are providing their personal data.

**Once completed and signed, please send your form to the Group Pensions Department at the following address:**

**Freepost, RTJU-KXYG-BSBY, Group Pensions Department, Associated British Foods plc., 50-51 Russell Square, London, WC1B 4JU**

Signature:

Date:

