



## Expression of Wishes form

**Please use this form to let us know who you would like to receive any lump sum benefit in the event of your death.**

This form covers all lump sum death benefits including core life assurance benefit and any voluntary life assurance benefit you may have bought through Abbott Life. It allows you to make different nominations for the core and voluntary benefits if you wish to. Submitting this form will replace any previous nominations you have made. The Trustee will take into account your wishes but cannot be bound by them.

### Completing the form

Please record your nomination for your core life assurance benefit in Table A. If you are purchasing voluntary life assurance through Abbott Life and you wish to make a **different** nomination specifically for your voluntary cover, you should record that nomination in Table B. If you do not complete Table B, the Trustee will assume that your nomination for the voluntary life assurance is the same as in Table A. You can nominate more than one person, including children, and you can also nominate a charity, club or society. Stating the relationship to you is optional, but may help the process in the event of your death.

### To the Trustee of The Abbott Laboratories Pension Fund (1966) and/or The Abbott Laboratories Life Assurance Plan

I understand that the distribution of any lump sum benefit on my death is at the complete discretion of the Trustee. I would like the Trustee to consider the nominations I have set out below and overleaf (if applicable).

#### Table A

Nominated person's full name and their relationship to me (if any)	Their address	The proportion of the lump sum benefit you would like them to receive
		%
		%
		%
<b>If the above is, or any of the above are, not living at the date of my death, I would like their share of the money to be distributed as follows:</b>		
		%
		%
		%

## Table B

Nominated person's full name and their relationship to me (if any)	Their address	The proportion of the lump sum benefit you would like them to receive
		%
		%
		%
<b>If the above is, or any of the above are, not living at the date of my death, I would like their share of the money to be distributed as follows:</b>		
		%
		%
		%

Complete this only if you are buying voluntary life assurance through Abbott Life and want to make a different nomination for this.

## Submitting your completed form

You may choose to submit this form in a sealed envelope, labelled with your name, your UPI number or date of birth for identification, the date you completed it and the words 'Expression of Wishes form'. If you do so, please insert the sealed envelope into a second envelope for mailing to us. Please note that if you submit your form in this manner, it will be kept in the sealed envelope until your death – it cannot be checked, so please ensure the information is correct before submitting it.

You may wish to keep a copy of your nomination and you should update it if your circumstances change.

**Please return your form to: Abbott Laboratories Pensions Department, Abbott House, Vanwall Business Park, Maidenhead, SL6 4XE.**

## Additional information

The Trustee will consider all other relevant factors or information before deciding who should receive the cash lump sum death benefits. If you would like to provide additional information in support of your nominations, please do so below or attach a separate note to your Expression of Wishes form.

## Declaration and consent

I understand that the Trustee will use the information in this form for the purposes of distributing death benefits payable from The Abbott Laboratories Pension Fund (1966) and/or The Abbott Laboratories Life Assurance Plan in the event of my death. I understand that the Trustee may disclose this information to its professional advisers (including their administrators) and retain it for as long as it considers appropriate for this purpose and to ensure the proper administration of the Fund and/or the Plan. I consent to the processing of my personal data (including any sensitive personal data, as described above). I understand that I can withdraw my consent at any time by contacting the Pensions Department at the address shown above. However, if I do withdraw my consent, this will not affect the legality of any processing of such data which took place beforehand.

I have read and understood the important notes about Data Privacy on page 3 of this form.

**Your full name:**  | **Your date of birth:**  /  /   
**Your signature:**  | **Date:**  /  /



## Important Notes on Data Privacy

When completing this form, you will be providing personal data about yourself and your nominees. Some of the information you provide may be classified as “sensitive personal data” (also known as “special categories of personal data”), for example, if it reveals information about your and/or your nominees’ health, and/or sexual orientation. The Trustee is the “data controller” of all personal data held in respect of The Abbott Laboratories Pension Fund (1966) and The Abbott Laboratories Life Assurance Plan. You can find further information about how we use personal data in the Trustee’s Privacy Notice on the scheme website at **[www.abbotpensionfund.co.uk](http://www.abbotpensionfund.co.uk)**.

*The Trustee will not contact your nominees except in the event of your death. You may wish to consider informing them that you have passed their personal data to the Trustee and telling them how they can access the Privacy Notice.*