

Beneficiary form

IHG UK Defined Contribution Pension Plan

Personal details

Title: (please tick) Mr Mrs Miss Ms Other (please specify)

Full Name: (block letters)

Date of Birth: National Insurance number:

The **Trustee** has discretion to pay cash sums payable on your death to your beneficiaries. This includes one or more persons and/or registered charities nominated by you. This form gives you the opportunity to inform the **Trustee** of your wishes in this respect. Please complete and return it if you have not previously completed a form, your circumstances have changed since the last form was completed or you completed your form some time ago, even if your wishes have not changed.

Please tick ONE of the following boxes and sign/date below

Payment of the total cash sum to my legal spouse

OR

Payment of the cash sum as indicated below (please complete details)

Name	Address	Relationship	% of benefit (Total 100%)

Any other wishes

If you would like the **Trustee** to consider any other relevant information please specify on a separate sheet, attach it to this form and tick this box.

DATA PROTECTION AND CONFIDENTIALITY

Please note that this form will be stored securely by the **Trustee** and treated in strict confidence.

The **Trustee** is the 'data controller' in respect of personal data processing for the administration of the **Plan**.

In processing your personal data, the **Trustee** may:

- process your sensitive personal data such as information regarding your health records;
- pass on personal data to third parties which may include the **Plan's** sponsoring employer, professional advisers, administrator, insurance companies, counterparties to **Plan** investments, as may be necessary or desirable for the operation of the **Plan**;
- transfer your personal data outside the European Economic Area (EEA) to a jurisdiction that may not offer an adequate, or equivalent, level of protection according to the laws of your home jurisdiction. However, in the event that your personal data is sent outside the EEA, the **Trustee** will still process your personal data in accordance with the applicable data protection laws, and will take reasonable steps to ensure that your personal data is handled securely and in accordance with its data protection framework (see below); and
- retain your personal data for legitimate business reasons or to comply with applicable laws.

In certain circumstances, your personal data may be passed to the **Plan** legal adviser and/or the administrator and, where this is the case, the **Plan** legal adviser and/or the administrator may also be data controllers of your data.

You can find out more about how the **Trustee** uses your personal data and your rights with respect to that personal data by visiting the Pensions area of the IHG Corporate website at www.ihgplc.com/business/pensions

Member confirmation

I confirm that I have notified the relevant individual(s) of the purpose of this form and each relevant individual has agreed to me providing their personal data to the **Plan** for the purpose of making benefit payments.

Member's Signature:

Print Name:

Date:

Please return this form in a sealed envelope to: IHG UK Defined Contribution Pension Plan, Aegon Workplace Investing, PO Box 17486, Edinburgh EH12 1NU. Alternatively, you can scan the completed form and email it to Aegon at my.pension@aegon.co.uk

If you do not want your wishes to be read until after your death, state clearly on the envelope: 'BENEFICIARY FORM – ONLY TO BE OPENED IN THE EVENT OF MY DEATH', your name and NI number.

If you require acknowledgement of receipt of this form please enclose an addressed envelope.