HEWLETT-PACKARD LIMITED RETIREMENT BENEFITS PLAN "The Plan"

Expression of Wish – Nomination of Beneficiaries Form Digital Section

To: Trustee of the Hewlett-Packard Ltd Retirement Benefits Plan

Surname					
Forenames					
Employee ID					
In the event of my death, I wish the discretion under the Plan rules to be exercised so the Truste consider applying the lump sum arising under the Plan for the benefit of the following person(s), proportions(s) shown:					
1		Name			
	1	Address			
		Date of Birth			
		Relationship (if any)			
		Proportion (%)			
2		Name			
	2	Address			
		Date of Birth			
		Relationship (if any)			
		Proportion (%)			
		Name			
;	3	Address			
		Date of Birth			
		Relationship (if any)			
		Proportion (%)			
		Name			
	4	Address			
		Date of Birth			
		Relationship (if any)			
		Proportion (%)			

Please sign the next page after reading the Special Notes.

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Special Notes

- 1. You may nominate any person, whether or not related or financially dependent upon you, as a beneficiary in respect of the lump sum death benefit. However, if you do not nominate someone, the Trustees can only pay the death benefit to a relative or financial dependant or as nominated in your Will.
- Although the form allows space for up to four nominees there is no restriction on the number of people you can nominate. If you wish to nominate more than four people, please advise the Trustees of their details in writing.
- 3. If you are in any doubt about a nominee, contact your Pension Administrator. This Nomination relates to benefits arising under the Plan and will, unless a written instruction to the contrary is received by the Trustees, also relate to benefits arising from any Additional Voluntary Contributions, Salary Sacrifices and Trustee Investment Plans subsequently initiated. As benefits are paid under a Discretionary Trust, the Trustees are not required to observe your wishes and may apply the benefit in such proportions as they see fit.
- 4. You may, if you wish, request the Trustees to consider arranging for benefits to be paid to your estate. If so, please write, "To my Estate" against "Name", completing also "Proportion".
- 5. This form should be read in conjunction with information on death benefits shown on the Plan website.
- 6. Benefits under the Plan are NOT assignable, in whole or part to some other person, e.g. as security for a mortgage.

I understand that this expression of wish may at any time be revoked or revised in a further letter						
from me. I have read the above notes.						
Signed		Date				

This form must be returned to:

HP Plan Administration Team, Equiniti, Sutherland House, Russell Way, Crawley, RH10 1UH Or

Scanned to: digital@equiniti.com