

HEWLETT-PACKARD LIMITED RETIREMENT BENEFITS PLAN

“The Plan”

Expression of Wish for Dependant’s Pension HP Section

If you wish to make the Trustee aware of your wishes for payment of a Dependant’s pension, please complete and sign the section below.

Notes

1. Please note that while your wishes may be made known to the Trustee, such that they will be taken into account on your death, they will not be binding. The Trustee retains absolute discretion, with the consent of the Principal Employer, to pay a pension to one of the Member’s Dependents.
2. The spouse’s pension will be reduced by any amount paid to a Dependant. The spouse’s pension cannot be less than the Widow’s Guaranteed Minimum Pension (GMP).

In the event of my death, I wish the Trustee to consider paying a Dependant’s pension arising under the Plan for the benefit of the following person as shown below:

Name	
Address	
Date of Birth	
Relationship: (if any)	
Proportion (%) or a fixed amount (non-increasing) per annum	

I understand that this Expression of Wish may at any time be revoked or revised in a further letter from me. I confirm I have read the above Notes.

Name of Member	
National Insurance Number	
Signed	
Date	

This form must be returned to:

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

Or

Scanned to: hp2@equiniti.com