Expression of Wish Form — nomination of beneficiaries

In the event of your death, benefits may be payable from the Plan to your loved ones. The actual benefits payable will vary dependent upon whether you are still employed by the Company, you have left the Company and have become a deferred member or you are already receiving a pension from the Plan.

Please use this Form to tell the Trustee who you would like to receive these benefits.

The benefits payable may include both a lump sum and one or more pensions. Therefore this Form has been divided into several sections. Once completed please either:

- @ Scan and email it to: hp2@equiniti.com
- Post it to: HP Plan Administration Team, Equiniti, Sutherland House, Russell Way, Crawley, RH10 1UH

1. Your details

Please complete the boxes below to ensure the Plan Administrator can include this Form with your Plan record.

Name	
National Insurance Number	
Date of Birth	
Email Address	

Alternative contact details

You also have the option to provide either a home or mobile telephone number. This is in case Equiniti have any queries relating to this Form.

2. Your spouse or registered civil partner

If you leave a spouse or registered civil partner they will normally be entitled to a pension from the Plan. Please provide their details below.

Name	
Date of Birth	
Date of marriage or registered civil partnership	

A lump sum may also be payable from the Plan and it will be up to the Trustee to decide how to distribute this. If you would like all or some of this lump sum to be distributed to your spouse or registered civil partner you should nominate them here. Please indicate the percentage of any lump sum payment you wish your spouse, or registered civil partner, to receive.

Note: You can nominate anyone you like to receive the lump sum. If you would prefer all or some of the lump sum to be distributed to persons other than your spouse or registered civil partner you can make that clear elsewhere on this Form.

Percentage of any lump sum I would like the above to receive %

Continued overleaf...

HEWLETT-PACKARD SECTION

3. Your children or other financial dependants

You can nominate someone who is not your spouse, or registered civil partner, to receive either a pension or a lump sum (or both) from the Plan. However, not everyone who may be nominated to receive a lump sum may be nominated to receive a pension. See note 9 for more details.

In this section, please list any children or financial dependants who you would like to be considered to receive a pension, a lump sum, or both from the Plan.

Pension nominations

To be considered for a pension from the Plan the individual will need to be either your child (as defined by the Plan Rules) or financially dependent on you to qualify for a pension. If you nominate someone who is financially dependent on you to receive a pension (or your child to receive a pension in addition to their existing children's pension entitlement), then the pension your spouse or registered civil partner would be eligible to receive from the Plan would be reduced accordingly. See note 8 for more details.

Lump sum nominations

You can nominate anyone (including, but not limited to, your spouse, registered civil partner or children) to receive some, or all, of any lump sum payable. If you are nominating more than one individual (including your spouse, or registered civil partner) to receive some of any lump sum payable, please ensure the percentages add up to 100%.

If you would like to nominate someone who is not your spouse, registered civil partner, child or financial dependant to receive some, or all, of any lump sum payable from the Plan, please list them in section 4 – your 'other' nominees.

Please see the notes at the end of this Form for more details.

Name	
Please indicate the nature of their relationship to you	
Date of Birth	
Address	
Are you nominating this person to receive a pension from the Plan? Please refer to note 10 at the end of this Form for more details.	Yes / No
If yes, please indicate the nature of their financial dependency to you. If this person is your child (as defined in the Plan Rules) please write 'child'. Please refer to note 9 at the end of this Form for more details.	
What percentage of any lump sum, if any, would you like the a	bove to receive? %

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3. Your children or other financial dependants continued...

Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
Are you nominating this person to receive a pension from the Plan? Please refer to note 10 at the end of this Form for more details.	Yes / No	
If yes, please indicate the nature of their financial dependency to you. If this person is your child (as defined in the Plan Rules) please write 'child'. Please refer to note 9 at the end of this Form for more details.		
What percentage of any lump sum, if any, would you like the a	bove to receive?	%
Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
Are you nominating this person to receive a pension from the Plan? Please refer to note 10 at the end of this Form for more details.	Yes / No	
If yes, please indicate the nature of their financial dependency to you. If this person is your child (as defined in		
the Plan Rules) please write 'child'. Please refer to note 9 at the end of this Form for more details.		

Continued overleaf...

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3. Your children or other financial dependants continued...

Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
Are you nominating this person to receive a pension from the Plan? Please refer to note 10 at the end of this Form for more details.	Yes / No	
If yes, please indicate the nature of their financial dependency to you. If this person is your child (as defined in the Plan Rules) please write 'child'. Please refer to note 9 at the end of this Form for more details.		
What percentage of any lump sum, if any, would you like the a	bove to receive?	%
Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
Are you nominating this person to receive a pension from the Plan? Please refer to note 10 at the end of this Form for more details.	Yes / No	
If yes, please indicate the nature of their financial dependency to you. If this person is your child (as defined in the Plan Rules) please write 'child'. Please refer to note 9 at the end of this Form for more details.		

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4. Your 'other' nominees

You can also nominate someone who is not your spouse, registered civil partner, child or financial dependant to receive some, or all, of any lump sum payable from the Plan. The nominee does not need to be a relative. It could be a friend or even a charity.

If you are nominating more than one individual (including your spouse, registered civil partner, child or financial dependant, as covered in the section above) to receive some of any lump sum payable, please ensure the percentages add up to 100%.

Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
What percentage of any lump sum, if any, would you like the a	bove to receive?	%
Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
What percentage of any lump sum, if any, would you like the a	bove to receive?	%
Name		
Please indicate the nature of their relationship to you		
Date of Birth		
Address		
What percentage of any lump sum, if any, would you like the a	bove to receive?	%

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HEWLETT-PACKARD SECTION

Notes

- You can complete a further Expression of Wish Form at any time and your Plan record will be updated to reflect your more recent nominations.
- 2. This Form does not bind the Trustee who may exercise its discretion as it feels appropriate based on any investigations it undertakes following your death.
- 3. You may nominate more than five children or financial dependants. If you wish to do so please provide further details along with this Form.
- 4. The Trustee will consider your nominations for all benefits arising from the Plan, including any arising from any Additional Voluntary Contributions.
- 5. Any lump sum payable from the Plan is paid at the discretion of the Trustee. As such it is not normally liable to Inheritance Tax.
- You cannot assign any benefits payable under the Plan, for example as security against a loan or mortgage.
- 7. The Plan rules specify that your children may include your natural child, a legally adopted child or any other child (including stepchildren) who in the Trustee's opinion was financially dependent on you at the date of your death. Children's pensions are paid until the child reaches age 16 (or age 21 if the child remains in full time education). There are circumstances where your children may continue to receive a children's pension after this age where they are wholly incapacitated.
- 8. If you have more than four eligible children the Trustee will not pay more than would otherwise have been paid to three (but it can distribute what is available to more than three) children. The Trustee does not have to pay the same level of pension to each child.

- 9. If you nominate someone other than your spouse, registered civil partner, or child for a pension they will need to demonstrate they were in some way financially dependent on you at the date of your death. This may not mean they are wholly dependent on you. The Trustee may request evidence of this financial dependency and can decide, if this evidence is not sufficient for their needs, not to pay a pension to the individual.
- 10. In the majority of circumstances your children will be entitled to a children's pension under the rules of the Plan. By nominating in the Form that you wish for your children to receive a pension from the Plan they will also be considered for any additional pension that may be payable under the rules (though it will usually only be payable until their standard children's pension ceases; other dependents pensions are usually payable for life).
- 11. If your spouse, or registered civil partner is more than 15 years younger than you the pension they receive may be reduced.
- 12. Any personal information you provide to us when completing this Form will be handled in accordance with our Privacy Policy, which can be found at www.hprbp.com/privacy-policy. By signing and submitting this Form, you confirm that you have authority to share any personal information you provide in this Form about your nominated beneficiaries or dependants, and that you have read and understood our Privacy Policy, which sets out further details on how the Trustee uses and discloses personal information, and your privacy rights.

I confirm that I have read and agree to the above	notoc

You can withdraw consent of the processing of your sensitive personal information by contacting the Trustee using the contact details at www.hprbp.com/contact-us-1

Signed Date

www.hprbp.com

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