Expression of Wish form



To help protect the people who matter most to you, lump sum death benefits may be payable in respect of your pension plan membership and/or Company service. Use this form to give information about your wishes to the respective Trustee who decide how to distribute those lump sum benefits.

After you have filled in **both** sides of this form, signed and dated, please return it to Human Resources.

How to fill in this form

You can name as many people (or organisations such as charities) as you like. If you need more space, simply continue on a separate sheet, sign the sheet and attach it to the form. If you have named a member of your family, you can put the relationship alongside the name and address. You can also add any other information you want the Trustee to consider. The Trustee will consider your wishes carefully, but it does not have to follow them. In this way, the payment does not form part of your estate and can be paid without inheritance tax.

You can list your preferred beneficiaries in order. For example your spouse first, daughter second and so on. Then should the first beneficiary have died, the Trustee will consider the next. Or you can indicate two or more beneficiaries with a proportion of the total benefit for each. For example your spouse (60%) and your father (40%). Or you can indicate your preferred beneficiary for the full amount, and two or more to share the benefit should the first not survive you.

,	r for the full amount	t, and two or m	ore to sha	are the k	enefit sh	ould the first not survive y	ou.
1. Your details							
Surname:		Forename(s)					
		Date of birth:					
PPG employee numb	er (if working for th	ne Company):					
Limited Pensio Your DC account car	on Plan n be paid as a lump vould like the Trus	sum to your be	eneficiarie:	s on you	r death.	on of the PPG Indo	
Full name	Address					Relationship (if any)	Share of benefit (%)
Full name	Address					Relationship (if any)	
Full name	Address					Relationship (if any)	
Full name	Address					Relationship (if any)	

Life assurance lump sum

A life assurance lump sum is payable if you die whilst in PPG's employment.

After my death, I would like the Trustee to consider paying the life assurance lump sum to the following people or organisations.

Full name	Address	Relationship (if any)	Share of benefit (%)
Extra information for the T	rustee to consider:		

Your Deferred Benefits arising from previous PPG defined benefit/final salary pension scheme membership

A lump sum equal to your contributions may be payable to your beneficiaries on your death. (A dependant's pension may also be payable.)

After my death, I would like the Trustee of the pension plan to consider paying the lump sum to the following people or organisations.

Full name	Address	Relationship (if any)	Share of benefit (%)
Extra information for the T	rustee to consider:		

Your signature

I understand that this form cancels any previous Expression of Wish forms I may have provided and that my request does not bind the respective Trustee.

Signed:		Date:			
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Please make sure you complete a new form if your circumstances change. You can print this form off from the Plan website at www.myppgpension.com or you can ask Human Resources to send you a copy.

Data Protection:

By signing this form you consent to the Trustee holding and using the personal information given on this form and any other information provided by you or the Trustee's advisers or your employer. This information will be used to administer your benefit arrangements, including to maintain records and to make payments. The Trustee may disclose the information to third parties, for example, to your employer in connection with your benefits, the Trustee's advisers, third party administrators, life assurance providers, the Department of Work & Pensions, HM Revenue & Customs and any other relevant Government Departments, agencies or other public bodies.

The Trustee may also disclose the information to other companies within the PPG group of companies or to the trustees or administrators of other pension/benefit arrangements within the group. You have the right to request the Trustee to inform you about the personal data held about you (for which a small fee may be charged) and to have any inaccuracies corrected.

Please return this form AS SOON AS POSSIBLE to:



Human Resources
PPG Industries (UK) Limited
Needham Road
Stowmarket
Suffolk
IP14 2AD