

Nomination form: your expression of wishes

Name:

Date of Birth:

Scheme: Arconic Pension Plan

I understand that this request is not binding on the Trustee of the Plan, but if I die, I would like the Trustee to consider paying the death benefit to the following people:

Name	Relationship to me	Address	Amount of payment / Percentage of total

(Please continue on a separate sheet if necessary).

This form overrides any previously submitted nomination form in connection with the payment of death benefits.

Notes to member

- 1 If your circumstances change, the Trustee will need to know, particularly if your wishes have also changed. Make sure you send them an updated form.
- 2 If any of the people you have nominated have moved, make sure you update their address as well.
- 3 If you have put down percentages, rather than amounts, check that they add up to 100%.
- 4 Any lump sum benefits payable in the event of your death may be subject to the Lifetime Allowance.

Signed:

Date:
