

YOUR BENEFICIARIES

There is a cash sum death benefit that's payable to your beneficiaries in the event of your death. It's up to the Trustees who this is paid to but by filling in this form you're letting them know your wishes and they will use this when making their decision. Please complete and return this form to **Molson Coors (UK) Pension Plan, Equiniti, Sutherland House, Russell Way, Crawley, RH10 1UH.**

YOUR DETAILS

Title:	<input type="text"/>	Date of birth:	<input type="text"/>
Full name:	<input type="text"/>		
NI number:	<input type="text"/>		

I should like the Trustees to use their discretion to pay the cash sum death benefit to the following people.

To pay the total cash sum to my legal partner/civil partner	YES / NO (delete as applicable)
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OR

To pay the total cash sum as indicated below:

NAME	ADDRESS	RELATIONSHIP	% OF BENEFIT

Any other wishes:

MEMBER'S DECLARATION

In accordance with the Data Protection Act 2018, I authorise the Company, the Trustees of the Plan and any selected Third Party appointed by the Company or the Trustees to administer the Plan, to obtain and maintain records of any of my personal information as may be required for the effective administration of the Plan. I understand that this form will be scanned onto an electronic database and by submitting this form, I consent to this.

Signed:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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YOUR SPOUSE OR CIVIL PARTNER

Name:

Date of birth:

Address:

YOUR CHILDREN

Name:

Date of birth:

Address:

Name:

Date of birth:

Address:

Name:

Date of birth:

Address:

YOUR DEPENDANTS

Your dependants include anyone not detailed on the previous page who is financially dependent on you.

Name:	<input type="text"/>
Date of birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Relationship to you:	<input type="text"/>

Name:	<input type="text"/>
Date of birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Relationship to you:	<input type="text"/>

Name:	<input type="text"/>
Date of birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Relationship to you:	<input type="text"/>

MEMBER'S DECLARATION

I confirm that the information shown above and over the page is correct.

Signed:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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