

ROCHE PENSION FUND – DC SECTION

EXPRESSION OF WISH FORM

Please use this form to let the **Trustee** of the Roche Pension Fund know your wishes for the payment of any cash sum from the **Defined Contribution (DC) Section** in the event of your death. This cancels any previously submitted form. By completing this form you are giving consent to your personal data being used as set out in the **DC Section** member booklet.

Please refer to the notes overleaf before completing this form.

1. Personal details

PLEASE USE BLOCK CAPITALS

Full name:	
Home address (including postcode):	
NI number:	Employee number:
Date of birth:	

2. Payment of cash sum

I understand that this form is not binding on the **Trustee** and that by submitting it, I cancel any previously submitted form. In the event of my death, I would like the **Trustee** to consider making payment of any cash sum due under the Rules of the Roche Pension Fund to the following:

Full name:	
Address (including postcode):	
Relationship to me:	Proportion (%):

Full name:	
Address (including postcode):	
Relationship to me:	Proportion (%):

Full name:	
Address (including postcode):	
Relationship to me:	Proportion (%):

Full name:	
Address (including postcode):	
Relationship to me:	Proportion (%):

Please ensure that the total proportions (%) add up to 100%. If you have more than four beneficiaries, please continue on a separate sheet of paper.

Signature:	Date: / /
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Please return this form to People and Culture, Roche Products Limited, Hexagon Place, 6 Falcon Way, Shire Park, Welwyn Garden City, Herts AL7 1TW or via the People Portal (https://roche.service-now.com/people_and_culture).

Notes

- The information provided will be treated in the strictest confidence by the **Trustee**.
- The cash sum will be paid (normally free of tax) as determined by the **Trustee** to one or more of a broad class of individuals and/or institutions, including:
 - your dependants (ie, your surviving widow, widower, civil partner, children under 18 and anyone who the **Trustee** believes was financially dependent on you);
 - your relations, or anyone else you name on an Expression of wish form.
- You are under no obligation to give details of your relationship with any individual you name. However, it may assist the **Trustee** in exercising its discretion when determining who is to receive the cash sum payable.
- In the event of any changes in your circumstances, it's your responsibility to ensure that any change in your wishes is made known by submitting another form or by giving notice of cancellation of this form. You may do this at any time. You can get a new form from My Total Roche.

For definition of terms in **bold**, please see your **DC Section** member booklet.