



### Death in Service Benefits Nomination Form

Employee Name

Employee Number

#### To: The Trustees of the DXC Pension Plan – Final Salary Sections

I make the following nomination in respect of any **lump sum** payable in the event of my death (continue on reverse of sheet if necessary):

Full name of nominee(s)	Address	Relationship to you	% of benefit
Total	<input type="checkbox"/> Tick here if continued overleaf		<b>100%</b>

I make the following nomination in respect of any **dependant's pension** payable in the event of my death (continue on reverse of sheet if necessary):

Full name of nominee(s)	Address	Relationship to you
	<input type="checkbox"/> Tick here if continued overleaf	

Dependant means your spouse or any individual who, in the opinion of the Trustees is or was, at the date of your death, wholly or partly financially dependent on, or financially interdependent with, you. You do not need to list dependent children. A dependent child means a child who, at the date of your death, is: a) under age 18 or under age 23 if receiving full-time education or training for a trade, profession or vocation and b) wholly or mainly financially dependent on you.

**I understand** that the lump sum payments are payable under Trust and that the Trustees may use their discretion in making payment. **I understand** that the payment of any dependant's pension is at the sole discretion of the Trustees. **I understand** that the information on this form may constitute sensitive personal data for the purposes of the Data Protection Act 1998 (the "DPA"). **I hereby give my consent** to the processing of such personal data by the Trustees of the Pension Scheme (for the purposes of the DPA, the "Data Controller") and by the data processors appointed by the Data Controller.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Once completed, please submit this form via [General Benefit Questions - Employee Connect \(service-now.com\)](#)