



Death in Service Benefits Nomination Form

Employee Name

Employee Number

To: The Trustees of the DXC Pension Plan – Money Purchase Section

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		100%

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 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 \(service-now.com\)](https://service-now.com)