

Group Life Expression of Wish Form

(Canada Life Group Life Master Trust and Excepted Solution Trust only)

An expression of wish is a request to the trustees or scheme administrator of group life scheme, under which you are insured, setting out who you would like to receive any death benefits payable on your death. You don't have to provide an expression of your wishes, but it does help the trustee or scheme administrator if you do.

Employer's name

Treadfirst Tyre and Exhaust Limited

Scheme name

Treadfirst Tyre & Exhaust Limited Group Life Assurance Scheme

Your full name

In the event of your death the trustees will decide who will receive any benefit payable under the terms of the Canada Life Group Life Master Trust / Excepted Solution Trust and the Group Life Assurance Policy. They will take into account your circumstances at the time of your death and your wishes as shown in this form.

This form is not legally binding on the trustees and will be used only as a guide by the trustees when exercising their discretion under the terms of the trust.

Your Beneficiary(ies).

Who would you like the benefit to be paid to?

There is no restriction on the number of beneficiaries that you can nominate. Any additional beneficiaries should be listed on a separate sheet and attached to this form.

| Full name and address of your beneficiary | Relationship (if any) | Date of birth | Desired percentage of benefit payable |
|---|-----------------------|---------------|---------------------------------------|
| | | | (%) |
| | | | (%) |
| | | | (%) |

You should now read and sign page 2 of this form.

NOTE TO THE EMPLOYER WISHING TO USE THIS FORM

Given the information being provided you may deem it necessary to add details of your own Data Protection / Privacy Notice to this form so that the individuals completing it fully understand what you do with the information provided.

It may also be necessary to amend the declaration section below depending on whether you add any information regard your Data Protection / Privacy procedures.

Declaration

By signing this form, you confirm that you:

- Agree to the trustees using, processing and sharing the personal information (including special categories of personal data) provided to us for the purposes set out in the Data Protection Statement shown above
- Understand that, in exercising any discretion, the trustees will not be bound in any way by my wishes, but I would like the trustees to bear them in mind. This expression of wish replaces any previously made by me.

Signature

Date

Notes

Once completed this form should be returned to your employer for safe-keeping. You may wish to keep a copy before doing this.

You should complete and return a new Expression of Wish form if you wish to change any of your nominated beneficiaries or the benefit amount allotted.