**Letter of intent**

SAUL will pay a lump sum if you die, unless we’ve been paying your income for more than five years. This form tells the Trustee who they should pay. They’ll consider your wishes when they decide.

**About you**

|  |  |
| --- | --- |
| First name: |       |
| Surname:  |       |
| Address: |       |
| Personal email address:  |       |
| Date of birth: |       |
| National Insurance number:  |       |
| Employer: |       |

**Who we should pay**

You can nominate anyone you like. Giving as many details as you can now, will reduce the need to ask your friends and family questions about your circumstances later.

|  |
| --- |
| **Nominee 1** |
| First name:  |       |
| Surname: |       |
| Relationship to you:  |       |
| Address:  |       |
| Percentage of lump sum:  |       |
| **Nominee 2** |
| First name:  |       |
| Surname:  |       |
| Relationship to you:  |       |
| Address:  |       |
| Percentage of lump sum:  |       |
| **Nominee 3** |
| First name:  |       |
| Surname:  |       |
| Relationship to you:  |       |
| Address:  |       |
| Percentage of lump sum:  |       |
| **Nominee 4** |
| First name:  |       |
| Surname:  |       |
| Relationship to you:  |       |
| Address:  |       |
| Percentage of lump sum:  |       |

**Your permission to keep this form**

Because the information on this form is sensitive, we need your explicit permission to collect it and keep it. We will only use this form to help the Trustee decide who to pay if you die. We won’t share it with anyone else unless our legal advisers ask to see it after you die.

You can withdraw your permission at any time. If you do, we won’t keep this form so won’t know who you’d like us to pay.  **Your declaration**

Please consider paying lump sums to the people named on this form if I die. I understand that the Trustee will decide who to pay but they will consider my wishes when they decide.

I consent to the SAUL Trustee keeping the sensitive personal data on this form and using it to help decide who to pay if I die.

[ ]  **Please tick this box to confirm you’ve given your consent. If you don’t, we won’t be able to keep the form and we’ll ask you to complete another one.**

|  |  |
| --- | --- |
| Signed:  |       |
| Name:  |       |
| Date:  |       |

**Next steps**

If you’re working for a SAUL employer, please give your completed form to the pensions team at your employer.

If you are no longer paying in to SAUL, please send the form to:

SAUL Trustee Company

1 King’s Arms Yard

London, EC2R 7AF

Remember to complete a new Letter of Intent if your circumstances change.

There’s more information about how we use your data in our privacy notice. You can read it on our website at **www.saul.org.uk/privacy**. We can also send you a printed copy.

**Get in touch**

If you have any questions about SAUL or need more information, please contact us.

Phone: 020 7776 4340

Email: gen@saul.org.uk

Web chat: saul.org.uk