

The Coca-Cola Company Pension and Assurance Scheme

Expression of wish form

Your name
 Date of birth
 National Insurance number
 Phone number
 Email address
 Scheme name
 Case ID Number

I would like the following people to receive a share of the lump sum benefit due to me if I die. I understand that you are not legally bound by my wishes but will aim to follow them wherever possible.

Full name	Date of birth	Address	Relationship to me (if any)	Share of lump sum (%)
				Total 100%

This form cancels any previous expression of wish form you hold for me.

My signature Date

In order to maintain the confidentiality of your nomination and to avoid impairing the ability of the Trustee to administer the Scheme and pay the correct benefits, the Trustee does not intend sending a privacy notice to anyone named on this form during your lifetime. You may choose to provide those named individuals with a copy of the Coca-Cola Company Pension and Assurance Scheme's privacy notice, a copy of which is available using the details below.

Please return this form to: The Coca-Cola Company Pension and Assurance Scheme, Westgate House, 52 Westgate, Chichester, West Sussex, PO19 3HF.