

# LETTER OF WISHES ON DEATH IN SERVICE

## (For Pension Scheme Members Only)

In the event of your death, certain benefits are payable at the discretion of the Trustees. You may wish to nominate the person(s) to whom you would like these benefits to be paid. You should note that this is not binding on the Trustees.

This form is designed to make your wishes clear. It will only be examined upon your death, and you may change it at any time. Please ensure that the original, and any subsequently changed Letter, are in the hands of the Trustees, as this is the only way the Trustees can be aware of your wishes. To complete a Letter of Wishes, please fill in the form below, place it in a sealed envelope or scan (with your name indicated) and return it to:

**The Trustees of the Ecolab Ireland Retirement Savings Scheme c/o June Cunningham, Willis Towers Watson, Elm Park, Merrion Road, Dublin 4.**  
or to  
[june.cunningham@willistowerswatson.com](mailto:june.cunningham@willistowerswatson.com)

You may retrieve the Letter at any time if you wish to change the details.

### Section 1: Scheme Details

 Scheme Name

### Section 2: Personal Details

Title  Mr  Mrs  Miss  Ms  Other

First Name  Surname   
Please use both the first name and surname

Date of Birth  /  /  Gender  Male  Female

Spouse/Civil Partner First Name  Surname

Spouse/Civil Partner Date of Birth  /  /

### To the Trustees of the Ecolab Ireland Retirement Savings Scheme

In the event of my death, I hereby request that you distribute any benefits which are within your discretion among the following named persons and in the proportions indicated.

- |                        |                              |                     |                      |
|------------------------|------------------------------|---------------------|----------------------|
| 1. Name of Beneficiary | <input type="text"/>         | Relationship to me* | <input type="text"/> |
| Type of Benefit        | Lump Sum on Death in Service | Proportion          | <input type="text"/> |
| 2. Name of Beneficiary | <input type="text"/>         | Relationship to me  | <input type="text"/> |
| Type of Benefit        | Lump Sum on Death in Service | Proportion          | <input type="text"/> |
| 3. Name of Beneficiary | <input type="text"/>         | Relationship to me  | <input type="text"/> |
| Type of Benefit        | Lump Sum on Death in Service | Proportion          | <input type="text"/> |
| 4. Name of Beneficiary | <input type="text"/>         | Relationship to me  | <input type="text"/> |
| Type of Benefit        | Lump Sum on Death in Service | Proportion          | <input type="text"/> |

I understand that this is only an expression of my wishes, which I may change at any time. I understand that this letter is only for the assistance of the trustees and is not binding upon them. I hereby cancel any previous wishes that I may have expressed in this regard.

Name

 Signature

Date  /  /

\*For example: spouse, civil partner, partner, daughter, son, parent, brother, sister etc.

#### Notes

The proportions above should be set out as percentages eg. 50% and the total across all beneficiaries should be 100%