

Nomination for Member Nominated Directors

Part 1 - Details of individual being nominated to be a Member Nominated Director

Surname:	
First name(s):	
National Insurance Number:	
Address:	
Post code:	
Email address:	
Daytime telephone number:	
Area of current or historical employment with TRW or Lucas:	
Current employment status:	
Name of current employer:	
Educational background	

Part 2 - Details of individuals in support of the member's nomination to be a Member Nominated Director

For an individual to be considered for a vacancy as a Member Nominated Director, their nomination must be supported by three other Plan members¹

Nomination Supporter 1	1
Surname	
First name(s)	
National Insurance Number	
Signature	
Nomination Supporter 2	2
Surname	
First name(s)	
National Insurance Number	
Signature	
Nomination Supporter 3	3
Surname	
First name(s)	
National Insurance Number	
Signature	

¹ Support for nominations must be by members who have worked for the Company. Widow(er)s, dependant members and pension sharing spouses are excluded from the nomination and selection process, as permitted in the legislation. An individual can only nominate one candidate for each application process.

Part 3 - Questionnaire to be completed by the individual being nominated for the position of Member Nominated Director

1.	What is your motivation for being a Trustee director of the TRW Pension Plan?			
Please give details:				
2.	What experience do you have relevant to UK occupational pension plans?			
	give details:			
3.	Have you any experience of being a Trustee or a similar non-executive director role?			
Yes [→ Please give details:			
No □				

4. Do you have any recognised qualifications relevant to the role of a Trustee?
No □
Yes □▶
PMI Award in Pensions Trusteeship
Other Please give details:
5. Do you have any experience of institutional investors or investments?
Yes □► Please give details:
No □
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7. W	nat is your	employ	yment history:	<u>{</u>	
Dates	Compar	ny	Job role		Duties
8. W	hat educati	on and	training have	you rece	eived?
Dates		Institu	ute Qualific		cation
Butes		Institu		Quariti	V
Please prov	zide details	of any	other relevan	t qualific	cations you have obtained:
r rease pro	rae actans	or any	other relevan	it quairin	cations you have obtained.
9. W	hat are you	r perso	nal interests?		

10. Do you have access to the internet?
Yes
No 🗆
11. Are you a current or past member of any organisation that is representative of any section of the Plan membership, e.g. Trade Union, pensioner association, Works Council, etc.
Yes □▶ Please give details:
No 🗆
Part 4 - Declaration
 I declare that: I have no external conflicts of interests that would prevent me from being able to carry out my duties as a director of TRW Pensions Trust Limited. I have never been convicted for an offence involving dishonesty or deception. I am not an undischarged bankrupt, nor am I yet to be discharged from some other agreement with creditors. I have never been disqualified as a company director. I have not been prohibited by the Pensions Regulator from being a trustee.
Signature:
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Once fully completed, this form should be returned to the Trustee Secretary, TRW Corporate Services, Stratford Road, Shirley, Solihull, B90 4GW, by **30 June 2018**

