

## **How to Guide**

## Updating Your Expression of Wish Form in







1

From your Dayforce "**Hub**" you can update, or add new "**Expression of Wish**" nominations in Dayforce.

Simply click on "Forms" to start.

avourites					Edit	Earnings	View Pay Details
٢	*	C.	801 801		20	Last Pay:	• Show
Profile	Time Away List	Attendance (Year at a Glance)	Earnings	Forms	Employee Timesheet	Next pay: in Day	
alances			Bala	nce Summaries R	equest New Time Off		
Volunteer Day		Annual Leave		Annual Leave - Prior			
2.00		232.25		0.00			
Davs		Hours		Hours			

Click "Expression of Wish" to open a new window.

Available Forms	
Search Forms	Search
/ Results	
<ul> <li>Employee Information (3)</li> </ul>	
🖹 Contact Details	
E Emergency Contacts	
Name and Marital Status	
Advess     The Expression of wish form update     Advess     Tax, Banking & Stat Forms (1)	es your wishes for life insurance purposes - Please nominate your beneficiaries with this from
Direct Deposit	

3

2

This will bring you to the form where you can start adding in all the details.

Employee Graham 000002	
Status: Active Employee Number: 0000	02
	Expression of Wish Form
In the event of my death I would like any be	nefit under the Scheme to which the discretionary provisions apply to be paid to -
Beneficiary 1	
Full Name	
Address	
Postcode	
Relationship	
Proportion of Benefit %	
Beneficiary 2	
Full Name	
Address	
Postcode	
Relationship	
Proportion of Benefit %	
Beneficiary 3	

The "**Proportion of Benefit %**" <u>must add to 100%</u> across all beneficiaries. In the below example you can see there are two beneficiaries and as we have allocated 75% to Beneficiary 1 we have entered "**25**" in this field for Beneficiary 2 (**Note**: the system does not accept the % symbol when entering the information).

To the Trustees	Expression of Wish Form				
In the event of my death I would like any t	enefit under the Scheme to which the discretionary provisions apply to be paid to:-				
in dati n					
Beneficiary 1					
Full Name	Wish One				
Address	1 Main Street				
Postcode	AB12CD				
Relationship	Partner				
Proportion of Benefit %	75				
Papafician/2					
beneficiary 2					
Full Name	Wish I Wo				
Address	1 Main Street				
Postcode	AB12CD				
Relationship	Child				
Proportion of Benefit %	25				
Beneficiary 3					
Full Name					
Address					

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You can now save as a draft, or print the form at this stage.

Remember to return and "Sign and Submit" to make sure your form is recorded.

l understand that the above governing documents of t	ve indication of my wishes ne Scheme.	will be used only	as a guide to the Tru	istees when they exercis	e their discretion und	ler the
Date*	18/02/2025					
Member Name	Employee, Graha	im 000002				

Once complete, you can now click on the "Sign and Submit" button.

**Note:** This will be where a Pop-up will be requested - see the note before Step 1 if you miss the prompt.

You will then get a message to "**Complete your E-Signature**". This will open in another tab with a DocuSign prompt, and may take a few seconds to load.

Tick the agreement box and then select "Continue".





You will then see your details on the DocuSign form. Check that these are correct and then scroll to the bottom of the page.

Read the "Acknowledgement" statement and then click on "Sign".

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eview and complete			Next	8	:
				I	e
Docusign Envelope ID: 4F5EEDE7-67A1-4	EC6-9119-33ED89A36F08	DEMONSTRATION DOCUMENT ONL PROVIDED BY DOCUSIGN ONLINE S	Y IGNING SERVICE		
Expression of Wish Form		999 3rd Ave, Suite 1700 · Seattle · Wa	shington 98104 • (2	06) 219	-0200
Employee, Graham 000002 Status: Active Employee Number	er: 000002				
	Expression o	of Wish Form			
To the Trustees					
To the Trustees,					
To the Trustees, In the event of my death I would like	e any benefit under the Scheme	to which the discretionary provisions app	bly to be paid to:	-	
To the Trustees, In the event of my death I would like	e any benefit under the Scheme	to which the discretionary provisions app	oly to be paid to:	-	
To the Trustees,	e any benefit under the Scheme	to which the discretionary provisions app	oly to be paid to:	-	
To the Trustees, In the event of my death I would like Beneficiary 1	e any benefit under the Scheme	to which the discretionary provisions ap	oly to be paid to:	-	
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name	e any benefit under the Scheme	to which the discretionary provisions app	oly to be paid to:	-	
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address	e any benefit under the Scheme Wish One 1 Main Street	to which the discretionary provisions app	oly to be paid to:	-	
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address Postcode	e any benefit under the Scheme Wish One 1 Main Street AB1 2CD	to which the discretionary provisions app	oly to be paid to:		
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address Postcode Relationship	e any benefit under the Scheme Wish One 1 Main Street AB1 2CD Partner	to which the discretionary provisions app	oly to be paid to:	-	
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address Postcode Relationship Proportion of Benefit %	Wish One 1 Main Street AB1 2CD Partner 75	to which the discretionary provisions app	oly to be paid to:		
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address Postcode Relationship Proportion of Benefit %	Wish One 1 Main Street AB1 2CD Partner 75	to which the discretionary provisions app	oly to be paid to:		_
To the Trustees, In the event of my death I would like Beneficiary 1 Full Name Address Postcode Relationship Proportion of Benefit %	e any benefit under the Scheme Wish One 1 Main Street AB1 2CD Partner 75	to which the discretionary provisions app	oly to be paid to:		



Version: 1 Date Published: 03/03/2025

Another Pop-up will appear asking you to select a signature and then click on **"Adopt and Sign**". Then click **"Finish**" to submit.

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ew and	complete				Next	×
Adop	t Your Signature					
Confirm	your name, initials and signature.					î
Full Nar	ne *		Initio	ls *		- 11
Emplo	yee, Graham 000002		EG			
OR SEL	ECT A SIGNATURE DRAW UPLO	DAD				- 11
	Signed by:		DS			
	Employer, Gralian 000002 CIAC8C7EE4D94		E6			
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You will return to your "**Forms**" page, and you can click on the GRAHAM logo to view your Dayforce "**Hub**".

You will receive a message in your "**Message Centre**". Simply click the envelope icon to view. The message will inform you that the "**The Expression of Wish transaction was saved**". Click on the message to see the details, the dates when it was updated, and view or print the form.

GRAHAM		e e a se		
Inbox 3 Messages	Postcode     Relationship     Proportion of Benefit %     Beneficiary 6	Mark as Unread		< 2 of 9 > >
<ul> <li>Notifications 3</li> <li>Actions</li> <li>Drafts</li> <li>Sent</li> </ul>	Full Name Address Postcode Relationship Proportion of Benefit %			
Trash	I understand that the above in Date* Member Name	dication of my wishes will be used only as a guide 2x02/2025	to the Trustees when they exercise their o	discretion under the governing documents of the Scheme.
	() Benefit History (1)	Here Nome	Bernard	View Signed Document Print Form
	Response Time	User Name	Response	Response Comment

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Then click on "**Back**" to return to your messages, or on the GRAHAM logo to return to your Dayforce "**Hub**".



## You have now successfully updated your Expression of Wish nominations in Dayforce

If you have any questions please contact your HR team