

DEATH BENEFIT NOMINATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

TO: THE TRUSTEE

1. YOUR DETAILS

PLEASE USE BLOCK CAPITALS

FULL NAME _____ EMPLOYEE NO _____

2. NOMINATIONS

| NAME AND ADDRESS OF NOMINEE | PROPORTION OF BENEFIT |
|-----------------------------|-----------------------|
| | % |
| | % |
| | % |
| | % |

If you nominate a Child under the age of 18, you should also let us have the name and address of the person who you would like to act as trustee.

3. DECLARATION

- I understand that the application of lump sum benefits payable under the arrangements established for me by Bayer plc is at the Trustee's absolute discretion. However, please consider the person(s) listed above as possible recipients of any such benefits payable on my death.
- In order to maintain the confidentiality of your nomination and to avoid seriously impairing the ability of the Trustee to pay the correct benefits in accordance with its statutory obligations, the Trustee does not intend sending a privacy notice (pursuant to the General Data Protection Regulation) to any named individuals on this form. We assume that you have the consent of those named individuals to provide us with the information you have included on this form and you may provide them with a copy of the Bayer Group Plan's privacy notice, which is available at www.bayerpensions.4myplan.co.uk.

SIGNED _____ DATE _____

When completed, please return this form to Bayer Group Pension Plan, Broadstone Consultants & Actuaries

Limited, 23-25 St George's Road, Bristol, BS1 5UU

If you would like to change your wishes at any time, please complete a new form.