

Nominate your beneficiaries

How to fill out this form

Please use black ink and CAPITAL LETTERS or tick as necessary.

Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

You should either state the person(s) you would like to benefit or tick the box in part b for your benefits to be paid to my estate.

Our Ref: Stakeholder/GPP Customer Service Centre

About this form

Please return this form using the enclosed business reply envelope or alternatively to the following address:

**Stakeholder/GPP Customer Service Centre
Prudential
Lancing
BN15 8GB**

As a Plan member, you will want your dependants, or someone else of your choice, to receive the benefits payable if you die before you are able to take your pension. It is therefore very important that you complete this form and return it to us. We will normally try to follow your wishes, but we are not legally bound to do so.

You should regularly review this form to ensure it's up to date.

For your wishes to be taken into account, please complete the following sections. Please make sure that you sign the bottom of this form.

Death Benefits

Death Benefits as Lump Sum

a) Please consider paying the benefit to the following person(s) in the proportion(s) shown:

Full name	<input type="text"/>	Full name	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address	<input type="text"/> <input type="text"/>	Address	<input type="text"/> <input type="text"/>
	<input type="text" value="Postcode"/>		<input type="text" value="Postcode"/>
Relationship (if any)	<input type="text"/>	Relationship (if any)	<input type="text"/>
Proportion of benefits	<input type="text" value=""/> %	Proportion of benefits	<input type="text" value=""/> %

Please ensure the total proportion of benefits is equal to 100%.

If you would like to nominate additional people, please attach the details on a separate sheet.

or

b) I wish the benefit to be paid to my estate

How we use your personal information

For a copy of our latest Data Protection Notice, please visit pru.co.uk/mydata. This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a hard copy to be sent to you by writing to **The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.**

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

Declaration

For your own benefit and protection, you need to read carefully the documentation provided before signing this form. You need to also read carefully any further documentation provided to you in the future. If there is anything you do not understand, please ask us for further information.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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National Insurance Number

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Your full name

Scheme name

The nominations expressed on this form can be changed at any time before you start drawing your retirement benefits. If you wish to change your nominations, please complete and return another nomination form, which is available from Prudential.

Please ensure you sign this form.