

# Nomination of beneficiary form

## How to fill out this form

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

Any corrections must  
be initialled; do not use  
correction fluid.

Please ensure that the  
"Proportion of Total  
Benefit" percentage  
adds up to 100%.

### To: The Trustees

From (Full Name of Member):

Plan number:

Please consider the following as possible recipients of any benefits which are payable at your discretion on my death while a member of the Scheme.

I understand that, in exercising your discretion, you will not be bound in any way by my wishes but I would like you to bear them in mind.

Full name

Proportion of Total Benefit

Address

<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

Relationship (if any)

Full name

Proportion of Total Benefit

Address

<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

Relationship (if any)

Full name

Proportion of Total Benefit

%

Address

Postcode

Relationship (if any)

**This request cancels any I have made previously on this matter.**

#### How we use your personal information

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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.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**Details of any additional nominations should be included on an additional sheet of paper.**