

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 your 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

Relationship (if any)

Full name

Proportion of Total Benefit

%

Address

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

For a copy of our latest Data Protection Notice, please visit www.pru.co.uk/mydata-cp. 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 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.

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.