

Nomination of beneficiary form

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your form.

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
<input type="text"/>	<input type="text"/> %

Address

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

Relationship (if any)

Full Name	Proportion of Total Benefit
<input type="text"/>	<input type="text"/> %

Address

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

Relationship (if any)

