

Death Benefits Nomination form



UK Pension Plan

Name of member:

National Insurance number:

Please ensure that you keep a copy of this form for your reference

Nomination of Beneficiaries

Full name:

Address:

Postcode:

Full name:

Address:

Postcode:

Full name:

Address:

Postcode:

Total benefit:

100%

Declaration

In the event of my death, I nominate the person(s) named above to receive the lump sum benefits under the Rules of the Plan.

I understand that the Trustees have complete discretion over the payment of the lump sum benefit and, although the Trustees are prepared to consider my wishes, my nomination is not binding on the Trustees.

This nomination cancels any previous nominations signed by me and I reserve the right to revise this nomination at any time.

Signed:

Date: