

Beneficiary Nomination Form

01. MEMBER / APPLICANT DETAILS

Surname	Forename(s)	Date of Birth
Tax Residence	Tax Reference	Date left the UK

02. BENEFICIARY NOMINATION FORM

Please take this as my request to amend the potential recipients of any benefits that are payable, at your discretion, on my death while a member of the Scheme. This form shall supersede any previous instructions and I understand that, in exercising any discretion, the Trustee will not be formally bound by my wishes, however will take my instructions into full consideration.

I would like the Trustees to consider the following beneficiaries in the event of my death:

Continue on a separate sheet if required. Percentage allocation should total 100%.

Name 1	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

Name 2	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

Name 3	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

02. BENEFICIARY NOMINATION FORM (continued)

Name 4	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

Name 5	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

Name 6	Date of Birth
Relation	Email Address
% of Benefits	Contact Number

Separate sheet attached with further details

Yes

No

You may amend your wishes at any time by completing a new Beneficiary Nomination Form.

Applicant's Name	Applicant's Signature
Date	