

# 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:

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	