

APPENDIX 2

# Death Benefit Nomination Form

Member Name

SIPP Reference No

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

Signed

Date

This form should be updated on a regular basis.

You need to write to us or your Financial Adviser if you want to change your nomination.

**Please note that the nominations contained on this form are not binding on the Trustees.**