

Death Benefit Nomination Form

I (enter full name) _____ nominate the person(s) listed below to receive any cash sum payable under the Scheme on my death. I understand that this form will not bind the Trustees of the Scheme but will help them to pay the benefits as I wish.

Member Name

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

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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.

The completed form should be submitted in a sealed envelope marked "Nominated Beneficiaries". Please also write your Name, National Insurance number, Date of Birth, Scheme Name and the Current Date on the envelope. The envelope will only be opened in the event of your death.

Please return to:

Premier Pension Services
 Fitzalan House,
 Fitzalan Court,
 Fitzalan Road,
 Cardiff
 CF24 0EL