



Nomination Form

Member Details:

Surname, Title, Forename(s), Marital Status, Date of Birth, National Insurance No

I refer to my membership of the Plan.

I understand that the Trustees have absolute discretion in the disposal of lump sum benefits, in accordance with the Rules of the Plan, however I wish the Trustees to consider distributing the benefits payable in the event of my death as follows:

Table with 4 columns: Full Name, Address, Relationship, Share %

Notes

- 1. Payments made to your Estate under your Will may be subject to Inheritance Tax.
2. The lump sum death benefit payable upon your death is paid by the Trustees in accordance with the Rules, for the benefit of your dependants and beneficiaries, and is (at present) exempt from Inheritance Tax.
3. The Trustees will normally pay the benefits due to the person or persons who, in their opinion, seem the most appropriate amongst your "dependants" or your Estate. If it is appropriate the Trustees may set up a separate trust fund or funds for the benefit of children.
4. In signing this form you consent explicitly to the Trustees (and any data processors or other data controllers they use) processing the personal data and/or sensitive data about you in this form for any purposes associated with the Plan. Such data will not be used for any other purpose.

This form supersedes any earlier form I may have completed regarding death benefits and I understand that I can revoke this form at any time by giving the Trustees further notice with the completion of a further form.

Signed _____ Date _____

This form should be completed and returned to the Plan Administrators:

Capita (Whitstable office), PO Box 555, Stead House, Darlington DL1 9YT