

Death Benefit Nomination Form – Lump Sum Benefits

Although the Trustees have absolute discretion in the disposal of lump sum benefits in accordance with the Rules of the Scheme in the event of my death whilst a member, I would like the Trustees to consider paying such benefits to:

Full Name	Address	Relationship	Share

This form supersedes any earlier form I may have completed regarding lump sum death benefits.

Members Name:

NI Number

Signature:

Date:

 /

Notes:

1. A member who wishes to record a change in their wishes at any time should complete and submit a new form to Capita, PO Box 4990, Sheffield, S1 9GE.
2. The benefits payable on death are summarised in the Scheme Booklet, together with other relevant information.
3. If you would like the above information to be kept confidential until your death you should send this form in an envelope and write your name, NI Number and date on the outside.