



NOMINATION FORM – UNSECURED PENSION

PENSION SCHEME NAME:

MEMBER NAME:

I wish to notify the Trustees/Administrator that, in the event of my death, any death benefits which become payable should be paid to the person(s) below:-

<u>Full Name</u>	<u>Relationship to Member</u>	<u>% of Benefit</u>
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Signed: Date:

Note:

- i. This nomination replaces all previous nominations.
- ii. The Trustees/Administrator should have regard to but shall not be bound necessarily by the wishes expressed in writing by the member.
- iii. A dependants pension is normally only payable to your spouse, a financially dependent adult or children whilst under 23 or dependent due to physical or mental impairment.
- iv. If you leave the above space blank, lump sum benefits may be paid to your estate and any pension will be paid to your spouse/dependants, subject to the discretion of the Trustees/Administrator.