

## NOMINATION OF BENEFICIARY (IES) FORM

1. Name of Employer:.....
2. Family Name of Member:.....
3. First Name(s) in full of Member :.....
4. Home Address of Member:.....

	Full Name of Beneficiary	Address of Beneficiary	Date of Birth	Relationship to Member	Percent -age (%)
1.					
2.					
3.					
4.					
5.					

### NOMINATION

I cancel any previous nomination made by me.

I now nominate the above beneficiary(ies) to receive the capital sum payable in the event of my death whilst a member of the Group Life and/or Pension schemes and subject to the conditions of the schemes.

In the event of the above beneficiary (ies) not being alive at my death, I request the said capital sum to be payable to such persons and in such order of preference as constitute the legal heirs of the beneficiary (ies).

I understand that I may cancel this nomination and nominate (a) new beneficiary (ies) at any time in writing.

Signature of Member:..... Date:.....

Name of Witness

(in BLOCK LETTERS): (1)..... (2).....

Signature of Witness: (1)..... (2).....