

Nomination form – continued

Full name (3rd nomination)

Full name (4th nomination)

Address

Postcode

Address

Postcode

If applicable, the relationship
(for example spouse, partner)

If applicable, the relationship
(for example spouse, partner)

You only need to specify a %
if you'd like more than one
beneficiary to receive a payment.

Proportion of total benefit

Proportion of total benefit

You shouldn't sign this form
until the trust has been set up.

I can change or revoke this nomination at any time.

Full name

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Employee

X X

