## NOMINATION OF BENEFICIARIES

Member's name:	
In the event of my dea	ath I wish my remaining pension assets to be distributed as follows. Please note:
This Nomination F	orm is not binding on the Trustees/Scheme Administrator
	ces change you may change your nomination at any time by simply writing to the trustees, clearly setting es, or by completing a new Nomination Form.
You can nominate	as many beneficiaries as you wish. If necessary, continue on a separate sheet of paper
You can nominate	a charitable organisation if you so wish
Name:	Relationship:
Address:	
Postcode:	Benefit: % of fund
Name:	Relationship:
Address:	
Postcode:	Benefit: % of fund
Name:	Relationship:
Address:	
Postcode:	Benefit: % of fund
Name:	Relationship:
Address:	
Postcode:	Benefit: % of fund
Signed	
Date	

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