

Relevant life policy nomination form

You should complete this form to tell the trustees who you would like the benefits from your relevant life policy to go to.

Please send the completed form to your employer so that they have a record of your wishes.

Personal details

Your name (Mr/Mrs/Miss/Ms)	Staff number
NI number	Plan number

To: The Trustees

While I understand that you are not bound to act in accordance with my wishes, please take into account the following request for the payment of any benefits from the plan on my death.

*You only need to specify a percentage if you would like provision to be made for more than one beneficiary.

Lump sum benefit

In the event of my death I would like the Trustees to consider paying any lump sum benefit to the following person(s) in the proportions shown:

Name	
Address	
Relationship with you (e.g. spouse or civil partner)	
Proportion of total benefit:*	%
Name	
Address	
Relationship with you (e.g. spouse or civil partner)	
Proportion of total benefit:*	%
Name	
Address	
Relationship with you (e.g. spouse or civil partner)	
Proportion of total benefit:*	%
Total	100%

