

THE FENNER PENSION SCHEME NOMINATION OF BENEFICIARY FORM

Part A	Member Details
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Title:	Mr / Miss / Mrs / Ms / Dr / (delete as applicable) / other _____		
Surname:		Forenames (in full):	
Date of Birth:		NI Number:	

Part B	Nominations
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In the event of my death I wish the Trustees to exercise their discretion under the Scheme Rules so that any lump sum death benefit will be payable to the following people in the proportions shown.

Name of Beneficiary:			
D.O.B. (If under 18)		Percentage of Benefit	%
Address:			

Name of Beneficiary:			
D.O.B. (If under 18)		Percentage of Benefit	%
Address:			

For additional nominations please see the reverse side of this form.

Any previous indication of my wishes is to be disregarded.

Part C	Declaration
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I understand that this is only an expression of wish which is not binding on the Trustees and which may be revoked or revised by completion of a further Expression of Wish Form.

Signed:		Date:	
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The information provided will be processed for purposes only associated with The Fenner Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.

Part B | **Nominations continued**

Name of Beneficiary:

D.O.B. (If under 18)

Percentage of Benefit

 %

Address:

Name of Beneficiary:

D.O.B. (If under 18)

Percentage of Benefit

 %

Address:

Name of Beneficiary:

D.O.B. (If under 18)

Percentage of Benefit

 %

Address:

Name of Beneficiary:

D.O.B. (If under 18)

Percentage of Benefit

 %

Address:

Note: please ensure percentages total to 100%