

Nomination of Beneficiaries

This form can be used to provide details of the beneficiaries that you wish to receive benefits from your pension plan after your death.

Section 1 - Member Details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	Plan Ref.
Permanent residential address	
Post Code	Country
Tax Identification Number/Social Security Number/National Insurance Number	
E-mail Address	Contact Telephone

Section 2 - Beneficiaries

In the following section please provide details of the beneficiaries that you wish to receive benefits from your pension plan after your death. The Trustee and Plan Administrator will give due consideration to these wishes. Please ensure when completing this section that your nominations add up to 100%.

1. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
E-mail Address	Date of birth (dd mm yy)
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer

Nomination of Beneficiaries continued...

Section 2 - Beneficiaries

2. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)		Forenames	
Surname			
Residential address			
Post Code		Country	
Home Telephone		Mobile Telephone	
E-mail Address		Date of birth (dd mm yy)	
Beneficiary's relationship to Member		Percentage of distribution %	
Passport Number		Passport Issuer	



3. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)		Forenames	
Surname			
Residential address			
Post Code		Country	
Home Telephone		Mobile Telephone	
E-mail Address		Date of birth (dd mm yy)	
Beneficiary's relationship to Member		Percentage of distribution %	
Passport Number		Passport Issuer	

Notes

1. If there is insufficient space on the Form to provide details of all the Beneficiaries that you wish to nominate, please complete the details on a separate page, then sign and attach to this Form.
2. You may change your Beneficiaries at any time by submitting a written request to the Trustee and Plan Administrator.
3. Any specific requests should be provided under separate written cover in the form of a 'letter of Wishes' addressed to the Trustee and Plan Administrator.

Nomination of Beneficiaries continued...

Section 3 – Member declaration

I hereby confirm that the information provided is correct and that this document supersedes any previous nomination or Letter of Wishes that I may have given.

Signature of member:

Signature of Applicant	Print Name
	Date

Additional information is available at: www.trustandpension.com

Please send the completed application form to:

Overseas Trust and Pension, 2nd Floor, Elizabeth House, Les Ruettes Brayes, St Peter Port, Guernsey, GY1 1EW

E-mail: enquiries@trustandpension.com

Telephone: +44 (0) 1481 723030

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