



Life Insurance Beneficiary Form

(Please complete in BLOCK CAPITALS)

I am the: Member
 Partner

Surname: _____

Forenames: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Name of Member: _____ Payroll Number: _____

NOTE: All lump sum benefits arising under the Scheme on the death of a member will be paid to such beneficiaries as the Trustees of the Scheme decide in accordance with the powers contained in the Trust Deed. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you would like to do so, please complete the box below. Beneficiaries are restricted to the Members, Spouse, Partner, Relatives, or those who have in the opinion of the Trustees been dependent on or partly dependent upon the member/spouse/partner for support or maintenance.

I hereby notify the Trustees of a change of beneficiary. It is my wish that any benefits arising under the Scheme in the event of my death should be paid in the proportions and to the person/persons indicated below:

Full Name & Address of Persons	Relationship	% of Benefit

I understand that in exercising the discretion as to the disposal of the benefits the Trustees will not be bound by this expression of my wishes, but I request that it be borne in mind. I confirm that this expression of my wishes supersedes any previously made by me.

Signed: _____ Date: _____