



## PENSION DEATH BENEFIT NOMINATION FORM

For use with Occupational Pension Schemes, Personal Pension, Free-Standing Additional Voluntary Contribution and Retirement Annuity policies only (including Personal Pension and Retirement Annuity Term Assurance)

SECTION 1 – PERSONAL DETAILS	
Policy Number:	
Policyholder/Member:	
Address:	
Postcode:	

SECTION 2 – NOMINATION OF BENEFICIARIES				
In the event of any cash benefit becoming payable under the above policy on my death, I would like the Trustee(s)/Administrator to consider making payment to the person(s) named below. I understand that this request is not binding.				
	Full Name	Address	Relationship to policyholder/member	% of benefits
1				
2				
3				
4				
5				

SECTION 3 – SIGNATURE		
Policyholder/ Member signature:		Date
Name BLOCK Capitals		