

# NOMINATE YOUR BENEFICIARY.

Please use this form to tell us who you would like the Trustees to consider making payment to should you die before taking your retirement benefits. The Trustees have sole discretion as to whom payment is made. However they will take your wishes into account.

Please note that if you name someone who is under 18, the Trustees will only make any payment to the legal representative on their behalf or into a trust if one exists that is suitable for this purpose. If, at any time, your circumstances change and you wish to alter your nomination(s), please contact the trustees.

## 1 ABOUT YOU

Your full name

Your date of birth

Your address

Postcode

National insurance number

Your pension plan number

Scheme name

D	D	M	M	Y	Y	Y	Y		

## 2 ABOUT YOUR BENEFICIARIES

**Who would you like to receive any death benefits?**

If you want the benefit to be paid to more than one person, please ensure the percentages total 100%.

If there are more than three beneficiaries please provide the details on a separate signed piece of paper.

**Person 1**

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

D	D	M	M	Y	Y	Y	Y		



## Person 2

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of  
any payment due

D	D	M	M	Y	Y	Y	Y
							%

## Person 3

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of  
any payment due

D	D	M	M	Y	Y	Y	Y
							%

## YOUR CONFIRMATION

This nomination replaces any previous nomination that I have made.

Signature:

Date:

D	D	M	M	Y	Y	Y	Y

Please sign the completed form and send it to the Trustees for your plan.

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Legal &amp; General Assurance Society Limited

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