

RELEVANT LIFE PLAN NOMINATION FORM.

TO BE COMPLETED BY THE LIFE ASSURED



IMPORTANT NOTES – before completing the Nomination Form, please read the following notes.

1. This document has been produced as a guide for consideration for you and your legal advisers.
2. Under this Nomination Form you tell the Trustees of your Trust who you wish to receive any lump sum death benefits under the Policy. This Form is a guide to the Trustees and it will not be legally binding on the Trustees.
3. You should be aware that Beneficiaries may have a right to see this Form, but this will depend on the particular circumstances. The Form should not be signed before the Trust Deed has been completed.
4. If you wish to change or revoke a previous nomination you have made, then you can use this form and you should tell the Trustee(s) in the Additional Information section.
5. Legal & General has drafted this Nomination Form to reflect the law as at December 2017. Legal & General and its advisers cannot accept any responsibility for loss, damage or other claim that may arise from the use of this Form or the way in which you complete it. We therefore strongly recommend that you consult your own legal adviser before proceeding.
6. Use CAPITALS and black or blue ink throughout. If you make a mistake while completing the Nomination Form, please correct the error by crossing out (do not use correction fluid) and initial by the change.

NOMINATION FORM TO THE TRUSTEES OF THE RELEVANT LIFE PLAN TRUST

i The Life Assured should read Important Notes on page 1 before completing the Nomination Form.

To the Trustee(s) of the Relevant Life Plan Trust policy number

The 'Policy'

In the event of my death, I wish any lump sum benefits payable under the Policy to be paid to:

Name	Name
Address	Address
Postcode	Postcode
Relationship	Relationship
Percentage %	Percentage %

Name	Name
Address	Address
Postcode	Postcode
Relationship	Relationship
Percentage %	Percentage %
Total Percentage	100%

Additional information which may be relevant to the Trustee(s)

This form supersedes any earlier nomination form I may have completed for this Policy.

I understand that this form is in no way binding on the Trustee(s) of the Policy, and that the final decision as to who the death benefits are payable to will be made by the Trustee(s).

I can change or revoke this nomination at any time.

Signature

Print Name

Date

i Please note that this form should be sent to the Trustees and retained by the Trustees and is for their consideration only.
Legal & General do not need to see a copy.