

s615(6)

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## Section 615(6) Pension Beneficiary Nomination

1 Employer Name:

2 Scheme Name:

3 Member Name:

4 Address for Correspondence:

In the event of my death I, the Member of a Section 615(6) Trust arranged by the above named employer, request that the Trust Fund should be paid to:

Name & Address	Relationship	Proportion
		100%

### Declaration

I confirm that:

- a) this supersedes all previous nominations.
- b) I may revoke this direction at any time by submitting a new nomination form to the trustee.
- c) I understand that this nomination will be revoked automatically in respect of that person in the event of any persons pre-deceasing me.

Signature of Member:

Date: