

Section 615(6) Beneficiary Nomination

This form is to be completed by the Member. For assistance in completion of this or any other Section 615(6) application form, please contact us on +44 (0) 1483 212591.

Section 1 Scheme Details

Name of Scheme

Name of Member

Section 2 Nomination of Beneficiaries

I understand that this instruction is an expression of wish and not an instruction that binds the Trustee of the Scheme.
I understand that additional forms are available if I wish to nominate extra beneficiaries or change my expression of wish at any time.

Beneficiary Name

Date of Birth

Address

Relationship

Proportion

%

Beneficiary Name

Date of Birth

Address

Relationship

Proportion

%

Beneficiary Name

Date of Birth

Address

Relationship

Proportion

%

Section 3 Signature

Member Signature

Date