

DEATH BENEFIT Nomination Form

Please complete this form in **BLOCK CAPITALS**.

Using this form, you can choose the person you'd like us to pay your Death Benefit to, in the event of your death. We call this person your recipient. We recommend you keep a copy of this form for yourself.

Section A - Your details

Full name: Address:

Membership/policy number:

Section B - Your nominations

Please fill out your chosen recipient(s)' details below. Your chosen recipient(s) must be aged 16 or over.

Name:	Address:	Age:	Date of birth:	Relationship (if any):	Proportion of lump sum (%):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Total 100%

We will pay a maximum of £2,000 per member. If the value of the benefit payment is ever more than the limit set out by law (currently £5,000 in total), we will pay the balance under Grant of Representation to your estate

Section C - Signatures

Please note, the witness must not be a nominee.

Member's name: Signature: Date:

Witness's name: Signature: Date:

Witness's contact number: Witness's address:

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