Nomination Form





To be completed by Member

In the event of my death I should like the Trustees to consider paying any lump sum payable under the Scheme rules to the following:

Full Name	Address	Relationship to Member	Share (Percentage)
1.			
2.			
3.			
4.			

(must total 100%)

PLEASE NOTE: If you have more than one record covering different periods of service this nomination form will apply to all lump sums payable unless you provide separate forms covering each period of service.

In the event that he/she/they predecease me I should like the Trustees to consider paying any lump sum payable under the Scheme rules to those shown overleaf.

If you wish to expand on why you wish the Trustees to consider payment of part or all of the lump sum benefit in a certain way you can provide details, in confidence, on the reverse of this form.

I fully understand that my wishes are in no way binding on the Trustees and I may, at any time, revoke or revise this nomination by completing another Nomination Form. For DC Section members only: if I join/joined the DC Section later than 3 months after when first eligible, I acknowledge that a death-in-service lump sum/life assurance benefit may not apply.

I give my consent for the Trustees of the Scheme to record and hold this data on my file until such a time as it is superseded.

I also acknowledge that the Trustees may process data which relates to me during the course of my membership of the Scheme in order to carry out their functions as Trustees of the Scheme. I agree that the Trustees may record and hold such data and make it available to third parties in the ordinary course of those functions. I understand that the Trustees and any such third party will comply with the underlying principles of the Data Protection Act 1998.

Full Name:	Signature:		
	. 0	This form is invalid if not signed	
Private Address:			
Tivate Address:			
Company:	Date	e:	

Please return the completed form to the ITB Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ, for safekeeping. The Trustees will take note of your wishes when considering who should receive the lump sum, such as relatives, dependants and others.

Nomination Form

Lump Sum Death Benefit

In the event that he/she/they predecease me I should like the Trustees to consider paying any lump sum payable under the Scheme rules to the following:

Full Name	Address	Relationship to Member	Share (Percentage)

(must total 100%)