

## ITB PENSION FUNDS

# Nomination Form - Lump Sum Death Benefit

To be completed by **Employee/Member/Pensioner** (and returned to ITB Pension Funds Office, 23 King Street, Watford WD18 0BJ)

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.			

(must total 100%)

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%)

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. Moreover, if I join/joined the *Scheme* outside the 3 month eligibility period and have been accepted into membership as a 'Late Entrant' I acknowledge that a lump sum death benefit will not become applicable until I have completed 2 years *Pensionable Service*.

I give my consent for the *Trustees* of the *Scheme* to record and hold this data on my file until such a time as it is superceded.

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 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 .....

Private Address .....

Company ..... Date .....

**This form is invalid if not signed.**

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.

Continue overleaf if required

The ITB Pension Funds

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**Nominees continued.**

Full Name	Address	Relationship to member	Share (Percentage)
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NOMINATION  
FORM

(must total 100%)