

Nomination Form

Lump Sum Death Benefit - DC Scheme



To be completed by Employee/Member/Pensioner

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I give my consent for the Trustees of the Scheme to record and hold this data on my file until such a time as it is superseded.

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: _____ This form is invalid if not signed

Private Address: _____

Company: _____ Date: _____

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

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Nominees continued.

Full Name	Address	Relationship to Member	Share (Percentage)

(must total 100%)