

NOMINATION OF BENEFICIARY FORM

TO THE TRUSTEES OF THE

UNIVERSITY OF NOTTINGHAM CONTRIBUTORY PENSION AND

ASSURANCE SCHEME

Please complete ALL sections in BLOCK CAPITALS

1. Personal Details:

Surname: _____ First Name(s): _____

Member Number: _____ Date of Birth: _____

Scheme Name: _____

2. Beneficiaries:

In the event of my death I wish you to consider the person(s) named below as recipient(s) of any lump sum benefits payable.

I understand that payment of any lump sum benefits on my death is at the Trustee's discretion and that completion of this form is not in any way binding on the Trustee(s):

Name	Address	*Proportion %

*Total of all nominations must equal 100%

3. Declaration:

I understand that:

- This form replaces any previous Nomination of Beneficiary Form.
- This form will be retained by the Trustees and not disclosed to any party until my death, when appropriate privacy information as required under the General Data Protection Regulation (GDPR) will be provided to the beneficiaries.

Signature: _____

Date: _____

In the event of a significant change in your lifestyle, e.g. marriage, divorce or co-habiting, you should ensure that you complete a new Nomination of Beneficiary form if you wish to change your nomination(s).

Please return your completed form to: XPS Pensions Group, PO Box 205, Huddersfield, HD8 1ET.