

Employer Name : CommonTime Limited

Member Name :

**Nomination of beneficiary (or beneficiaries)**

Under the terms of the Scheme’s governing Trust, the Trustees determine how benefits paid under the scheme are distributed. Although the final decision is absolutely at their discretion, you can indicate who you would **like** the benefit to go to in the event of your death by completing this form and returning it to your Employer to keep on your personnel file.

You can complete a fresh form at any time – the Trustees will only be passed the latest form.

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To: The Trustees of the CommonTime Group Life Assurance Scheme

I would like any lump sum benefits to be distributed as follows:

|  |  |  |
| --- | --- | --- |
| Full name and address of beneficiary | Relationship (if any) | % Share of Benefit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I understand that when disposing of the benefits the Trustees will not be bound by this expression of wish, but I ask that they consider it.

This nomination replaces any others I have made.

Signature : Date :

Name (please print) :

**RETURN COMPLETED FORM TO YOUR EMPLOYER to keep on your personnel file.**