



Name: _____

Collar/Staff Number: _____

BENEFICIARY NOMINATION DETAILS

All lump sum benefits arising under Scheme(s) on the death of a member will be paid to such of his/her beneficiaries as the Trustee or Trustees of the Scheme(s) decide in accordance with the powers contained in the Rules. A member may, however, express a wish as to who should benefit although this will in no way be binding. If you should like to instruct the Trustee or Trustees please complete the details below:

To the Trustee (or Trustees); it is my wish that any benefits arising under the Schemes over, should in the event of my death, be paid in the proportions and to the persons indicated below:

When completed please return this form to the Federation Office.

Related to me as follows: _____

Or

Financially dependent upon me: _____

Name and Address of Beneficiary

Name _____

Address _____

Postcode: _____ Proportion of Benefit %: _____

Related to me as follows: _____

Or

Financially dependent upon me: _____

Name and Address of Beneficiary

Name _____

Address _____

Postcode: _____ Proportion of Benefit %: _____

Related to me as follows: _____

Or

Financially dependent upon me: _____

Name and Address of Beneficiary

Name _____

Address _____

Postcode: _____ Proportion of Benefit %: _____

Signed: _____ Date: _____