

**The Equitable Personal Pension Plan/ Free Standing AVC/
Dependants Drawdown Nomination of beneficiaries of death
benefits**

1. Personal details

Surname:

Forenames:

Plan number:

In the event of my death, it is my express wish that any lump sum benefits available under the plan should be paid in the following proportions to the individuals (not Trusts) named below:

2. Nomination

Scheme rules specify that nominations must be made in writing.

**1st Nominee
% or Amount:**

Name:

Scheme rules do not allow payments to be made to a trust although the trustees of a trust can be nominated.

Address:

Complete the form with details of the individuals you would like to receive the death benefits, their relationship to you and the percentage or amount you would like them to receive. You can nominate as many individuals as you like but the split must be clear and unambiguous and total 100%.

Post code:

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Date of birth:

D	D	M	M	Y	Y	Y	Y
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Relationship:

Continued overleaf

2nd Nominee
% or Amount: _____

Name: _____

Address: _____

Post code:

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Date of birth:

D	D	M	M	Y	Y	Y	Y
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If you wish to nominate any more individuals please do so on a blank sheet.

Relationship: _____

3. Declaration

Any nomination made by you is only an indication of your wishes and is not binding on the Society as scheme administrator.

If we are unable to note the nomination for any reason we will let you know, otherwise we will not comment on the nomination in any way including but not limited to its completeness or fitness for purpose.

It is recommended that you make a copy for your records.

I understand that the expression of this wish is in no way binding on the administrator.

Signature: _____

Date: _____ / _____ / _____