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| **Nomination form: your expression of wishes** |

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| **Name:** |  |  |  |  |

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| **Scheme:** | Hydraulics Research Pension Scheme |  |

I understand that this request is not binding on the Trustees of the Scheme, but if I die, I would like the Trustees to consider paying the death benefit to the following people:

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| --- | --- | --- | --- |
| **Name** | **Relationship to me** | **Address** | **Amount of payment / Percentage of total** |
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*(Please continue on a separate sheet if necessary).*

This form overrides any previously submitted nomination form in connection with the payment of death benefits.

*Notes to member*

1. If your circumstances change, the Trustees will need to know, particularly if your wishes have also changed. Make sure you send them an updated form.
2. If any of the people you have nominated have moved, make sure you update their address as well.
3. If you have put down percentages, rather than amounts, check that they add up to 100%.
4. Any lump sum benefits payable in the event of your death may be subject to the Lifetime Allowance.

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| Signed: |  | Date: |  |