

Nomination of Beneficiaries form

IMPORTANT INFORMATION

Please complete this form to tell us who you would like us to pay any death benefits to if you die.

- You can change or revoke this nomination at any time. It is recommended that you review your nominations from time to time, particularly if your circumstances change. Please inform us of any changes by submitting a new form.
- In the event of your death, we will take your wishes into account but your nominations are not legally binding. As the Scheme Administrator, CFML will have discretion on the distribution of any death benefits.
- Death benefits will be paid in accordance with the Rules of the CF Personal Pension Trust. If you do not make a nomination, the same Rules will apply.
- If you would like more information about any death benefits payable from this Plan, please refer to the **Key Features** of your Plan.
- You should speak to your financial adviser if you need help completing this form.

If you have any questions about this form, you can call us on 0345 055 0606 between 9am and 5pm Monday to Friday. Please return this form to: CFML, PO Box 1043, CHELTENHAM GL50 9JB.

1. Your details

Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

Plan number

Date of birth

D	D	M	M	Y	Y	Y	Y
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2. Beneficiaries

Beneficiary 1

Full name

Permanent address

 Postcode

Relationship to you (if any)

Date of birth

Proportion of the benefit they should receive

 %

Beneficiary 2

Full name

Permanent address

 Postcode

Relationship to you (if any)

Date of birth

Proportion of the benefit they should receive

 %

Beneficiary 3

Full name

Permanent address

 Postcode

Relationship to you (if any)

Date of birth

Proportion of the benefit they should receive

 %

Beneficiary 4

Full name

Permanent address

 Postcode

Relationship to you (if any)

Date of birth

Proportion of the benefit they should receive

 %

If you would like to include more beneficiaries, please provide their details on a separate signed and dated sheet and attach to this form. Tick here if an additional sheet is provided.

Please ensure that the proportions allocated total 100%.

3. Registered Charities

Please note this option can only be chosen if you have no dependants.*

Charity 1

Organisation name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Registered charity number	<input type="text"/>
Proportion of the benefit they should receive	<input type="text" value=""/>

Charity 2

Organisation name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Registered charity number	<input type="text"/>
Proportion of the benefit they should receive	<input type="text" value=""/>

Charity 3

Organisation name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Registered charity number	<input type="text"/>
Proportion of the benefit they should receive	<input type="text" value=""/>

Charity 4

Organisation name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Registered charity number	<input type="text"/>
Proportion of the benefit they should receive	<input type="text" value=""/>

Please ensure that the proportions allocated total 100%.

3. Registered Charities (continued)

***A dependant is:**

- Your husband, wife or civil partner (or other person to whom you are legally married) at the date of your death
- Any child of yours (including adopted child) who is under 23 at the date of your death
- Any person who is dependent on you because of disability
- Any person who is financially dependent on you at the date of your death
- Any person whose financial relationship with you at the date of your death is one of mutual dependence (this can include an unmarried partner of the same or opposite sex who relied on your income to maintain a standard of living that depended on your joint income).

Once completed the form should be returned to: CFML, PO Box 1043, CHELTENHAM GL50 9JB.

4. Declaration and signature

In the event of my death, I wish the Trustees to consider paying the beneficiaries specified in the proportion(s) indicated. This nomination replaces any previous nomination that I have made for this Plan.

When supplying information relating to other living individuals, I agree that I have the consent of these individuals to supply that information and for CFML to process the information.

Print name (in **BLOCK CAPITALS**)

X

Signature

X

Date

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