

# Executive Pension Plan/Small Self-Administered Scheme/Selective Pension Plan

## Nomination of beneficiaries

\*This form can be used for an Executive Pension Plan, a Small Self-Administered Scheme or a Selective Pension Plan.

**Please indicate which product this form is being used for:**

Executive Pension Plan

Small Self-Administered Scheme

Selective Pension Plan

**\*This form should be completed by the member. The original copy must be given to, and retained by, the trustees. Clerical Medical should only be provided with a copy of the original.**

Plan or scheme name

Policy number

In the event of my death, I wish the following person(s) to benefit in accordance with the provisions of the plan, in the proportions set out below. I understand that the trustees are not bound to act in accordance with this wish in deciding to whom and in what proportions the lump sum available on my death shall be paid.

**1. Name of beneficiary (in full)**

Permanent residential address

Postcode

Relationship to member

Proportion of total lump sum available

**2. Name of beneficiary (in full)**

Permanent residential address

Postcode

Relationship to member

Proportion of total lump sum available

**Please note:** If more than two beneficiaries are to be nominated please detail on the back of this form.

Signature

Date (DD MM YYYY)

Name in CAPITAL LETTERS

## Data Privacy Notice

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Statement, which you can find at [www.scottishwidows.co.uk/legalprivacy](http://www.scottishwidows.co.uk/legalprivacy)