

UNIVERSITY OF DUNDEE SUPERANNUATION & LIFE ASSURANCE SCHEME

NOMINATION OF BENEFICIARY (CONCERNING DISPOSAL OF LUMP SUM PAYMENT ON DEATH)

MEMBER DETAILS

Full Name & Title	
N.I. Number	
Date of Birth	

BENEFICIARY/BENEFICIARIES

Name			
Address (if different from Member)			
Relationship to Member			
Proportion %			

ALTERNATIVE WISHES

If the above (or any of them) predecease me, I wish the trustee company to consider the following:

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DECLARATION

Please consider the aforementioned as possible recipients of any benefits which are payable at your discretion on my death while a member of the Scheme.

I understand that, in exercising your discretion, you will not be bound in any way by my wishes but I would like you to bear them in mind.

This form cancels any previous registration of beneficiaries signed by me and I reserve the right to revise this at any time.

Signed..... Date.....

Data Protection Act 1998

In accordance with the Data Protection Act 1998, all information relating to you will be treated as confidential and will only be used for the purposes of administering your employment benefits and obtaining insurance in support of these benefits. Your details will not be passed to any person or organisation not involved in this process.

Please return to:

**Pensions Office, 2nd Floor, Tower Building, University of Dundee, Nethergate, Dundee,
DD1 4HN**