

GROUP LIFE ASSURANCE SCHEME – NOMINATION OF BENEFICIARY FORM

I fully understand that the payment of the benefit on death is at the Trustees' complete discretion and completion of this form will not bind the Trustees in any way.

It is my wish that you consider the person or persons named below as possible recipients of any benefit payable on my death under the discretionary trust of the above Scheme.

Name	_____
Address	_____ _____ _____
Relationship	_____ Proportion as % _____
Name	_____
Address	_____ _____ _____
Relationship	_____ Proportion as % _____
Name	_____
Address	_____ _____ _____
Relationship	_____ Proportion as % _____
Name	_____
Address	_____ _____ _____
Relationship	_____ Proportion as % _____

(If you wish to nominate more beneficiaries, please provide the details on a separate form)

This form replaces any Nomination Form I have previously completed.

Signed: _____

Print Name: _____

Date: _____

After completion, please return this form to your employer to keep on your personnel file.