

2. BENEFICIARIES

Beneficiary 1

Name

Address
Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive %

Beneficiary 2

Name

Address
Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive %

Beneficiary 3

Name

Address
Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive %

Beneficiary 4

Name

Address

Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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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

Address

Postcode

Registered charity number

Proportion of the benefit they should receive

 %

Charity 2

Organisation name

Address

Postcode

Registered charity number

Proportion of the benefit they should receive

 %

Please ensure that the proportions allocated total 100%.

*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).

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 LFS to process the information.

Print full name (in **BLOCK CAPITALS**)

Position

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Once completed the form should be returned to:

LFS
PO Box 1249
Cheltenham
GL50 9YL