#  UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME (UMSS)

 **Nomination Form for Member Directors of UMSS Ltd**

I confirm that I agree that my name should be put forward as a candidate for election as a Member Director of UMSS Ltd in the **Technical and related** staff category.

.

Name (capitals): ....................................................NI Number...........................

Department: ...............................................................................................

Signed: ......................................................................................................

We, the following UMSS members, nominate the above named as a candidate for election as a Member Director of UMSS Ltd:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Name (capitals)*** | ***NI Number*** | ***Department*** | ***Signature*** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
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| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **13.** |  |  |  |  |
| **14.** |  |  |  |  |
| **15.** |  |  |  |  |
| **16.** |  |  |  |  |
| **17.** |  |  |  |  |
| **18.** |  |  |  |  |
| **19.** |  |  |  |  |
| **20.** |  |  |  |  |

**To be returned to the Pensions Office by 5pm on 9 October 2013**