

THE UNIVERSITY OF MANCHESTER LIFE ASSURANCE PLAN

NOTES FOR COMPLETION OF NOMINATION FORM

General

This Nomination Form relates to the death-in-service lump sum benefit payable under the rules of The University of Manchester Life Assurance Plan.

The benefit is a lump sum equal to seven times your Pensionable Salary and is payable if you die in service before age 75 as a current member of The University of Manchester Pension Saver.

The lump sum will be paid to your dependants, relatives or to your estate as The University of Manchester Life Assurance Plan decides. This will normally enable payment to be made shortly after death and, under current law, without liability for inheritance tax.

The University of Manchester will consider your circumstances and will be guided by your wishes. It cannot be bound by any nominations, but the existence of a completed form is helpful as it provides an indication of your wishes.

Completing the form

You may, if you wish, nominate more than one beneficiary and in this case you should indicate in what proportions the lump sum should be distributed.

Please sign the form in the presence of a witness. The witness must **not** be a named beneficiary or relative.

Completed forms should be returned to:

Pensions Office
Directorate of Human Resources
John Owens Building
Oxford Road
Manchester M13 9PL

If you decide at a later date to change your nomination, please complete a new Nomination Form.

THE UNIVERSITY OF MANCHESTER LIFE ASSURANCE PLAN

NOMINATION FORM

(Please complete in BLOCK Capitals)

Name	
ID number (on Staff card)	
Date of birth	

I wish to nominate the person(s) named below to receive any lump sum from The University of Manchester Life Assurance Plan arising under discretionary trusts becoming payable on my death.

I confirm that I understand that the nominations and proportions will serve as a guide to The University of Manchester Life Assurance Plan and will not be legally binding on it.

This Nomination Form replaces any earlier nomination form signed by me.

BENEFICIARY OR BENEFICIARIES

Full Name	Relationship to yourself	Percentage of Benefit

*If you wish to nominate any further beneficiaries please provide details on the back of this form.

Signed		Date	
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Witnessed by

Signed		Date	
Name			
Address			