



## Member Nominated Director Nomination Form

**Please complete all relevant sections, sign and date the form.**

The form must be returned by 5pm on 17 October 2019 to the Pensions Office using the address below. Apart from signatures, all entries should be in block capitals.

Name of Nominee:	
Status of Member:	Active Member
NI Number:	

**Your nomination must be supported by two other Active Members of the Scheme:**

Proposer	Name:	
	Signature:	
	NI Number:	

Seconder	Name:	
	Signature:	
	NI Number:	

**NOTE:** Nominees must be an active member of the Scheme who has not been disqualified in law from being a Trustee of any trust scheme (or a director of a trustee company) as a result of being:

- (a) convicted of any offence involving dishonesty or deception;
- (b) adjudged bankrupt or against whom a sequestration of estate has been awarded and (in either case) who has not been discharged or is the subject of a bankruptcy restrictions order or an interim order;
- (c) has made a composition contract or an arrangement with, or granted a trust deed for the benefit of, creditors and has not been discharged in respect of it;
- (d) subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986, a disqualification order under Part II of the Companies (Northern Ireland) Order 1989, a disqualification undertaking under the Company Directors Disqualification (Northern Ireland) Order 2002 or an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order);
- (e) prohibited by The Pensions Regulator from holding the post of Trustee; or
- (f) under the age of 18.

By signing this form I consent to my personal information, being held and processed by the Trustees of UMSS and any third party appointed for the effective running of UMSS. I understand that the Trustee and any third parties to whom they make the data available, will comply with the underlying principles of applicable data protection legislation, including the General Data Protection Regulation (EU) 2016/679.

**I confirm that I am willing to stand for the post of Member Nominated Director. I declare that I do not come under any of the prohibited categories set out overleaf and I understand the duties and responsibilities of a MND.**

**Signed (Nominee):** .....

**Print Name:** .....

**Date:** .....

**Please add below a short biography and reasons why you feel you would be suitable to act as an MND**