



EU SIPP - Form A - Nomination of Death Beneficiaries

You may request that the benefits would be divided between two or more persons. The proportion of the benefits that the member would wish each person to receive should be entered in the third column. This nomination can be changed by submitting a replacement nomination form to us at anytime.

In the event of my death I would like any sums payable under the Scheme to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

Lump sum and/or income payments

Full name, date of birth and address of beneficiary	Relationship to you	%

Member Name

Policy Number

Signed

Date

EU SIPP Form A v2