

Independent Electoral and Boundaries Commission Staff Pension Scheme

To provide members with dignified financial security and stability in retirement



NOMINATION OF BENEFICIARY FORM

Member's Name.....

A. BENEFICIARY DETAILS

In connection with all benefits accruing and if I am unavailable/unable to advise, I hereby authorise the Trustees to pay any benefits in my name which shall become due under the Trust Deed and Rules to the following named beneficiaries and in the proportions hereby stated:

(Complete in capital letters clearly and distinctly)

S/No	Surname	First Name	Other Names	Phone Number of Nominated Beneficiary	Date of Birth	Relationship to member	Percentage of Benefit

B. GUARDIAN DETAILS

(If beneficiary is below 18 years old please indicate name of guardian)

S/No	Surname	First Name	Other Names	Phone Number of Guardian	Gender	Relationship to Member



C. MEMBER DECLARATION

I understand that the nomination is not binding on the Trustees of the scheme who have the final discretion to decide who should receive the benefit under scheme, but request the trustees to act according to my nomination.

I undertake to advise the Trustees on time when any change should be made regarding my nominated beneficiaries.

I confirm that this nomination cancels and **supercedes** any previous information.

I.D No:

Membership No:Personal No:

Telephone:

P.O. Box:

Email Address:

Name:Signature:Date: