

# Beneficiary Nomination (Expression of Wish) Form

Full Name: \_\_\_\_\_ Department & Site: \_\_\_\_\_

**Completed forms must be returned to Human Resources**

Any benefit which may become payable upon your death in service under relevant plans is paid to your beneficiaries as decided by the Company/Trustees as appropriate.

You are able to request payment be made to specific beneficiaries. Any such request is not binding on the Company/Trustees.

If you would like to nominate beneficiaries please complete this form and return it to Human Resources to keep on your personnel file. Your request can then be considered in the event of your death in service.

**You can complete a new nomination form at any time.**

\_\_\_\_\_

In the event of my death I would like to request that any payable benefits be paid as follows:

Name & Address of Beneficiary	Relationship (if any)	%age Share of Benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Declaration**

I fully understand that the Company/Trustees are not bound in any way by this request but respectfully ask that my request is considered.

This nomination replaces any previous nominations made.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms must be returned to Human Resources and will be kept in your personal file.**

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