



Member's wishes concerning the disposal of the Death in Service lump sum

Please complete this form in full by using BLOCK CAPITALS. Please send the completed form to the Pensions Office.

Employer Date of birth

Surname

Forenames

Nominated beneficiary or beneficiaries

I wish to nominate the following beneficiaries to receive all or part of the lump sum arising out of my membership of OSPS as the result of my death before retirement. If you wish to register potential dependants for an OSPS pension please contact the Pensions Office and ask for form NOM3 (Defined Benefit Section only). Please remember to keep your nominations up to date if your circumstances change.

Beneficiary's full name	Relationship to you	Proportion of lump sum
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

If the above (or any of them) predecease me my alternative nominations are as follows:

<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

I confirm that I understand that the nomination(s) will only serve as a guide to the Trustees and will not be legally binding upon them. This form replaces any previous such nomination(s) made by me.

Signed

Signature of witness (not a nominated beneficiary)

Name of witness (in block capitals)

Date jointly signed