

ALVIS PENSION SCHEME
(referred to below as "the Scheme")

TO: The Trustees of the Scheme

Nomination form

I understand that this request is not binding upon the Trustees of the Scheme, but in respect of any lump sum benefit(s) arising from the Scheme upon my death, I would like the Trustees of the Scheme to consider making payment of such benefit(s) to the following person(s):

Question 1

Full Name(s)

Date(s) of Birth

Relationship to myself

- | | | |
|-------|-------|-------|
| (i) | _____ | _____ |
| (ii) | _____ | _____ |
| (iii) | _____ | _____ |
| (iv) | _____ | _____ |

Address(es)

- | | |
|-------|-------|
| (i) | _____ |
| (ii) | _____ |
| (iii) | _____ |
| (iv) | _____ |

1a *If your relationship is not a legal spouse but a partner it is important to answer the following questions in order to ascertain entitlement to benefit*

- | | | | | |
|-------|---|-------|-------|-------|
| (i) | Do you and your partner live together | _____ | _____ | years |
| (ii) | Is your partner partly or wholly financially dependent upon you | _____ | | |
| (iii) | Do you and your partner share finances | _____ | | |

1b **Proportion of benefit(s) to be payable (to be completed ONLY if more than one person is named in question (1))**

- | | | | |
|-------|-------|------|-------|
| (i) | _____ | (ii) | _____ |
| (iii) | _____ | (iv) | _____ |

1c **Name and address of person/Trust who will act as Trustee of the benefit due to the intended beneficiary(ies) if he/she/they is/are under 18 years of age**

Full Name _____ Relationship to myself _____
Address: _____

QUESTION 2

To assist the Trustees please indicate below:

If you are divorced

Date of divorce _____

2a Any individual/individuals that are entitled to any interest in your estate as a result of a divorce settlement. Any individual/individuals towards whose maintenance or support you contribute/contributed.

Full Name(s)	Date(s) of Birth	Relationship to myself
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____
(iv) _____	_____	_____

Address(es)

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

2b Name and address of Solicitor who acted on your behalf

This form cancels any similar form that I may have submitted previously to the Trustees of the Scheme in connection with the payment of any lump sum death benefit(s) under the Scheme.

FULL NAME OF MEMBER _____
(Block capitals)

SIGNATURE OF MEMBER _____ **DATE OF BIRTH** _____

NATIONAL INSURANCE NO _____ **EMPLOYEE NO** -----

DATE _____

NOTES TO MEMBER

1 When completed this form should be returned to **Alvis Pension Scheme, Aon Consulting, Netherton House, 25 Marsh Street, Bristol BS1 4AQ** for safekeeping, in a sealed envelope showing your name in block capitals, signature, date and National Insurance Number and signature of a Witness.

2 In the event of any change in your personal circumstances, it is your responsibility to see that any alteration in your wishes is made known to the Trustees of the Scheme by submitting a further form to them.

3 Any change(s) in the address(es) of the person(s) named in Questions 1 and 2 above should be notified to the Trustees of the Scheme without delay.

4 In certain circumstances (eg where the intended beneficiary is under 18 years of age) the Trustees of the Scheme may decide to pay all or part of the lump sum death benefit(s) to the Trustees of another trust or settlement established for the benefit of the intended beneficiary.