

**NEC STAFF PENSION SCHEME (UK)  
NOTIFICATION FORM – PENSIONER MEMBER**

NAME:	NI No:
	DOB:

**The Purpose of this form is to enable you to express your wishes with regard to the payment of any lump sum death benefits that are payable from the NEC Staff Pension Scheme (UK)**

I wish the Trustees to consider paying lump sum death benefits to the following person(s).

- If you wish to name more than one person, please state the percentage for each person.
- If you wish to nominate more than two persons or if there are any special circumstances which you wish the Trustees to consider, please enclose a separate letter with the form to give the additional details.

**Full Name:-**

Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:- \_\_\_\_\_

Share of Benefit:- \_\_\_\_\_  
\_\_\_\_\_

**Full Name:-**

Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:- \_\_\_\_\_

Share of Benefit:- \_\_\_\_\_  
\_\_\_\_\_

I refer to my membership of the above Scheme. While I fully understand that the application of the lump sum benefits arising from my death is at the complete discretion of the Trustees, I would like the Trustees to consider the person or persons named above as possible recipients:

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When completed please return to: **Trustees Office, Athene, Odyssey Business Park, West End Road, South Ruislip, HA4 6QE**