

STRICTLY PRIVATE AND CONFIDENTIAL

AXA UK GROUP PENSION SCHEME

(Referred to below as 'the Scheme')

To: The Trustees of the Scheme

(To be forwarded to Capita, PO Box 555, Stead House, Darlington, DL1 9YT – it is recommended that you retain a copy of the completed form for your own records).

Full name of member (BLOCK CAPITALS please)
National Insurance number of member

It is my wish that any lump sum(s) payable on my death under the Scheme should be paid to the person (s) named below.

I hereby revoke any nomination for this purpose previously made by me.

I understand that this nomination is in no circumstances binding on the Trustees and gives the said person(s) no legal or enforceable rights to any such sum(s).

Full Names	Address(es)	Relationship (if any)	Fraction of benefit (if more than one person named)

Date:	Signature of Member

Note for member

In the event of any change in your wishes, it is your responsibility to see that such change is notified to the Trustees by completing a further Nomination Form.