



your pension

Group Money Purchase Scheme

Nomination Form

Please complete this form in **BLOCK CAPITALS**.

Full Name	<input type="text"/>
Colleague No.	<input type="text"/>
National Insurance No.	<input type="text"/>

In the event of my death it is my wish that all lump sum benefits payable under the trust deed and rules of the HBOS Group Money Purchase scheme should be paid as follows:

<input type="text"/>	%	to	<input type="text"/>
<input type="text"/>	%	to	<input type="text"/>
<input type="text"/>	%	to	<input type="text"/>
<input type="text"/>	%	to	<input type="text"/>
= Total 100%			

Authority

I understand that the expression of this wish is in no way binding on the Trustees.

In accordance with the Data Protection Act 1998, I consent to the information on this form being held and processed by the Trustees for the purpose of administering and determining the recipients of any benefits payable on my death.

Signed _____ Date _____