Nomination of beneficiary form

Scheme Name: **SCTL Pension Scheme** (hereinafter referred to as the scheme)

Personal details:
Full name including title: Mrs. Joanna Ruth Godsmark
Date of birth: 15 September 1985

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: OLIVER GODSMARK Address: 2 WOODBANK ROAD, LEICESTER, LE2 3YQ. Proportion % 100%.	Name: Address: Proportion %
Name: Address: Proportion %	Name: Address: Proportion %

Declaration

I confirm that:

i) this supersedes all previous beneficiary nominations; and
ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member: JGodsmark, Date: 25/10/2017.

Notes:
The member's estate cannot be nominated.
If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.