Nomination of beneficiary form

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

Personal details:
Full name including title: Mr. Mark Gilchrist
Date of birth: 14-April-1960

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: [redacted] Address: Proportion %	Name: CANCER RESEARCH Address: 407 ST JOHN STREET LONDON EC1V Proportion % 100
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: M Gilchrist Date: 24-10-2014

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.