



Nomination of Beneficiary To the Trustee

1. Your details

Surname	First name
Employer	Employee Number
Date of Birth	
D D M M Y Y Y Y	

2. Beneficiaries*

In the event of my death, I wish you to consider the person(s) named below as beneficiaries of any cash lump sum payable from the Trust on my death.

I understand the payment of any cash lump sum on my death, is at the discretion of the Trustee and completing this form is not in any way binding on them:

Beneficiary 1

Name:
Address:
Percentage of payment:

Beneficiary 2

Name:
Address:
Percentage of payment:

*Please photocopy this page if you have more than two beneficiaries and attach to this form.



3.

I understand this form:

- replaces any previous Nomination of Beneficiary Form, and
- will be retained by the Trustee and not disclosed to any party until my death, when appropriate privacy information, as required under the General Data Protection Regulation (GDPR), will be provided to the beneficiaries.

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Once you have completed the form please return it to:

Trust Administration
XPS Group
PO Box 562
Middlesbrough
TS1 9JA