

NOMINATION FORM

Payments of benefits on death

To be used for the following: Trustee Buyout Plans (after 2015), Retirement Account; Personal Pension, Group Personal Pension, and Stakeholder Plan(s) and for those customers taking the Flexi Access Drawdown option whose plan started on or after 1st July 1988.

To: Scottish Widows

YOUR DETAILS (PLEASE USE BLOCK CAPITALS)

Your name

Pension plan number

(for new policies the Scheme Administrator will insert this when allocated)

Your National Insurance Number

(your National Insurance Number can be found on a payslip or a P60, or on a tax return. If you cannot find your National Insurance number, please call HM Revenue & Customs on **0300 200 3500**.)

Date of birth (DD MM YYYY)

I wish to nominate the person/people listed below to receive any benefits which become payable under the Pension plan number above. I understand that, in exercising discretion in applying the benefits, Scottish Widows will not be bound by this expression of my wishes.

Please consider the following person/people to receive death benefits in the percentages shown.

Full name	Relationship (if any)	Address	Percentage of benefits

This form supersedes any earlier form completed in respect of this policy number. If your circumstances change after submitting this form and you would like to change the nominated beneficiaries please send a new form.

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Statement, which you can find at www.scottishwidows.co.uk/legalprivacy

If you decide to complete this form, you can either:

- Complete and save the form, then email as an attachment to the support team supportme@scottishwidows.co.uk
- You can print off, complete and sign the form and return it by post to PO Box 24171, 69 Morrison Street, Edinburgh, EH3 1HL.

Signed

Date (DD MM YYYY)

SCOTTISH WIDOWS