

## Nuffield Health Death Benefits Scheme Beneficiary Nomination Form (Expression of Wish)

*Please complete and return this form to your local HR representative.*

<b>Surname:</b>	<b>Date of Birth:</b>
<b>First Name:</b>	<b>National Insurance Number:</b>
<b>Office Location:</b>	<b>Employee number:</b>

In the unfortunate event of my death while employed by Nuffield Health, I request that any benefits are paid in accordance with my instructions below.

I understand that this request is only an indication of my wish and is not binding. The trustees of the Nuffield Health Death Benefits Scheme will exercise their discretion in the distribution of any lump sum benefits payable with regards to my circumstances at date of death.

This form of nomination replaces any others previously submitted.

**To: The Trustees of the Nuffield Health Death Benefits Scheme.**

I request that any lump sum benefits are paid in accordance with my wishes below:

Full Name and Address of beneficiary	Relationship	Share of benefit (%)

*\*If you would like to include any further beneficiaries, please continue overleaf.*

Print Name.....

Date.....

Signature.....