

UNIVERSITY OF GLASGOW PENSION SCHEME

Trustees' Report

DEATH BENEFITS NOMINATION FORM

To: The Trustees of the University of Glasgow Pension Scheme (the "Scheme")

BLOCK CAPITALS PLEASE

FROM: (Full Name)

N.I. Number

In the event of my death I request the Trustees to pay any cash benefit under the Scheme to those named below. I

understand that this Nomination Form supersedes any previous Nomination Form signed by me.

I further understand that this is an expression of wish and is not legally binding on the Trustees, and that I may at any time revoke or revise this wish, in writing.

	<i>Proportion of Benefit</i>
1. Full Name
Address	
Relationship (if any)	
2. Full Name
Address	
Relationship (if any)	
3. Full Name
Address	
Relationship (if any)	
4. Full Name
Address	
Relationship (if any)	
5. Full Name
Address	
Relationship (if any)	

In the event of my death please contact the following person, who will handle my affairs:

.....
.....

Date Signed

NOTES

1. If you wish to nominate more than 5 beneficiaries, please contact the Pay and Pensions Section and request a continuation sheet. In that event, you should mark this form clearly to show that a continuation sheet has been used and then ensure that the continuation sheet is attached securely to this form.
2. When completed, return to the **Pay and Pensions Section, Finance Office, Tay House, University of Glasgow, Glasgow, G12 8QQ.**
3. Please note that when completed and lodged with the Pay and Pensions Section, this will supersede your previous form.