

Expression of wish for payment of death benefit



Please complete this form in BLOCK LETTERS and return to the Scheme Administrators, Lane Clark & Peacock (LCP) at the address below.

Member's Full Name _____

Address _____

National Insurance Number _____

I note that in accordance with the provisions of the Scheme, in the event of my death, the Trustee Board have power to make payments of any cash sum payable to such one or more persons as the Trustee Board decide. I would like to nominate the following to receive benefits in the proportions stated below.

1 Full Name

Address

Relationship

Proportion of benefit (%)

2 Full Name

Address

Relationship

Proportion of benefit (%)

If you wish to nominate more than two beneficiaries, please continue on the reverse of this form.

If you are also a member of the Baptist Union Staff Pension Scheme, please note that this nomination will replace any previous nomination that you have submitted to the Trustee of that Scheme (unless you state otherwise).

If you wish to change these nominations at any time, please contact LCP for a new form.

I note that the Trustee Board is not bound by this nomination.

Signed _____ Date _____

The Baptist Pension Scheme, c/o Lane Clark & Peacock, St Paul's House, St Paul's Hill,
Winchester, Hampshire SO22 5AB

Telephone: +44 (0)1962 672930 Email: team-baptistadmin@lcp.uk.com