

Zurich Registered Group Life Master Trust – Nomination Form

Employer Name:

Please complete this form in BLOCK CAPITALS and return to your HR / Pensions Department.
 In certain circumstances, a lump sum may be payable when you die from an insurance arrangement set up for you by your employer. This amount may be paid from the insurer via the [Zurich Registered Group Life Master Trust](#) in which your employer participates

It is for the Trustee to decide who should receive any discretionary lump sum benefit which becomes payable on death. You can help the Trustee in making this decision by completing the boxes below indicating who you would like to receive the lump sum (if any).

Please note that, while the Trustee will bear your wishes in mind when exercising its discretion, the Trustee is not legally bound by them.

Surname: (Mr, Mrs, Miss, Ms, Other)	
Forename(s):	
Address:	
Date of birth:	NI number:
Marital status:	Name of employer:

Nominee Information (persons or organisation)

Full name or organisation: _____

Address: _____

Date of birth (if applicable): _____

Relationship (if any): _____

% of benefit*: _____

Full name or organisation: _____

Address: _____

Date of birth (if applicable): _____

Relationship (if any): _____

% of benefit*: _____

Full name or organisation: _____
Address: _____
Date of birth (if applicable): _____
Relationship (if any): _____
% of benefit*: _____

Full name or organisation: _____
Address: _____
Date of birth (if applicable): _____
Relationship (if any): _____
% of benefit*: _____

Full name or organisation: _____
Address: _____
Date of birth (if applicable): _____
Relationship (if any): _____
% of benefit*: _____

***Total benefit must be 100%**

Declaration:

I acknowledge that this notification cancels any previously submitted Nomination Form. Under the terms of the [General Data Protection Regulation \(post 25th May 2018\)](#), I agree to the Trustee keeping records and using information about me for the purpose of administering the [Zurich Registered Group Life Master Trust](#).

Signature:

Date:

In the event of any change in your circumstances or alteration to the details indicated, please submit an updated form.