



Please complete this form in block capitals and return it to the trustee(s) of your Relevant Life Policy Trust.

				the 'Plar
the event of my death, I w	ish any lump sum benefits p	payable under the Plan	to be paid to:	
Full name	Address		Relationship	% Share
				100%
				100 /0
is form supersedes any ear	ier nomination form I may I	nave completed for this	Plan.	
	in no way binding on the t			n as to who the
	nade by the trustee(s) after			
an change or revoke this n	omination at any time.			
Signature		Print name		
		Day	Month Year	
		Date		

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