



Lump sum nomination form

P13
Version 17



1. MEMBER DETAILS

	Title	Initials	Surname
Your name:			
Address:			
Postcode:			

Employer or former employer:
(for example Bury MBC)
National Insurance or Pension number:
Your daytime phone number:

2. WHO YOU WOULD LIKE TO NOMINATE

If you want your personal representatives to pay out any lump sum in line with the rest of your estate, tick here:

I wish my personal representatives to pay out any lump sum in line with the rest of my **estate**

OR... if you want to name individual beneficiaries yourself, please fill in the boxes below:

Beneficiary 1		Percentage share	<input type="text"/>	%
Title:	First name(s):			
Surname:				
Address:				
Postcode:				
Date of birth:		Relationship to you:		
DD	MM	YYYY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficiary 2		Percentage share	<input type="text"/>	%
Title:	First name(s):			
Surname:				
Address:				
Postcode:				
Date of birth:		Relationship to you:		
DD	MM	YYYY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficiary 3		Percentage share	<input type="text"/>	%
Title:	First name(s):			
Surname:				
Address:				
Postcode:				
Date of birth:		Relationship to you:		
DD	MM	YYYY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficiary 4		Percentage share	<input type="text"/>	%
Title:	First name(s):			
Surname:				
Address:				
Postcode:				
Date of birth:		Relationship to you:		
DD	MM	YYYY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. DECLARATION

If I die, I wish you to pay any lump sum to whoever I have named above. However I understand that for legal reasons the Fund has the discretion to decide who to pay. I also consent to you storing the information I have given.

Your signature:
DD MM YYYY
Today's Date:
<input type="text"/>

4. WITNESSED BY (NOT SOMEONE YOU HAVE NOMINATED OR THEIR SPOUSE, CIVIL PARTNER OR COHABITING PARTNER)

Witness's full name:
Address:
Postcode:

Witness's signature:
DD MM YYYY
Date witnessed:
<input type="text"/>
PENSIONS OFFICE STAMP

