



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 %

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

Beneficiary 2 Percentage share %

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

Beneficiary 3 Percentage share %

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

Beneficiary 4 Percentage share %

Title:	First name(s):
Surname:	
Address:	
Postcode:	
Date of birth:	Relationship to you:
DD MM YYYY	
<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: _____

Today's Date: DD MM YYYY

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

