



RELEVANT LIFE POLICY NOMINATION FORM

Important notes

The form is only suitable for use with Royal London Relevant Life Plans that have been placed in a Royal London, Scottish Provident or Bright Grey Relevant Life Policy Trust.

The form can be used in England, Wales, Scotland or Northern Ireland. The form may be used in Jersey but the trust will be subject to the law of England and Wales.

We strongly recommend that you seek independent professional advice before completing the form.

Use this form if your employer has taken out a relevant life plan and you want to tell the trustees who you would like to receive the benefits.

This form will be completed by the employee.

The employee should complete this form to guide the trustees on who they would like to receive the benefits from the relevant life policy trust. They should complete the full name and address of each person and if more than one, the percentage share each should receive. The nomination form can be used to guide the trustees as to which of the discretionary beneficiaries (listed in the trust form) the employee would like to receive benefits. It can also be used to add new people to the list of discretionary beneficiaries in the trust, that the employee would like to receive benefits.

The nomination form does not bind the trustees and the employee can cancel or amend it at any time by completing a new nomination form and giving it to the trustees. However, the trustees always have discretion to decide which of the discretionary beneficiaries to make payment to.

Once completed, the employee should return the form to the trustees. Please do not send a copy of the completed form to us.

Nomination form – to be completed by the employee

To: The Trustees

While I understand that you are not bound to act in accordance with my wishes, please take into account the following request for the payment of any benefits from the plan on my death.

If the persons that I nominate in this form are not included within the class of Discretionary Beneficiaries in the Trust, please accept this nomination as a written nomination of additional Discretionary Beneficiaries in accordance with the terms of the Trust.

You should complete this form after your employer has completed the Declaration of Trust, to tell the Trustees who you would like the benefits from your relevant life plan to go to.

Please send the completed form back to your employer so that they have a record of your wishes.

Lump sum benefit

Note: You should complete this form to tell the Trustees who you would like the benefits from your relevant life plan to go to. Please send the completed form back to the Trustees so that they have a record of your wishes.

We only use this information to pay your benefits in the event of your death. Please make sure your beneficiaries are aware of how we use their information.

In the event of my death I would like the Trustees to consider paying any lump sum benefit to the following person(s) in the proportions shown:

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Relationship with you (e.g. spouse or civil partner)	<input type="text"/>
* Proportion of total benefit	<input type="text"/> %
Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Relationship with you (e.g. spouse or civil partner)	<input type="text"/>
* Proportion of total benefit	<input type="text"/> %

Name

Address

Postcode

Relationship with you (e.g. spouse or civil partner)

* Proportion of total benefit %

Name

Address

Postcode

Relationship with you (e.g. spouse or civil partner)

* Proportion of total benefit %

* You only need to specify a percentage if you would like provision to be made for more than one beneficiary.

Additional information which may be relevant to the Trustees:

This information will be used for the usual administration and analysis purpose – see more at www.royallondon.com/protectionprivacy. This also applies if you're the person covered.

I understand that this nomination form is not binding on the Trustees and that I can cancel or amend it at any time.

Signature

**Your name
(Mr/Mrs/Miss/Ms)**

Address

Date

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