



WS Stakeholder Pension Scheme

Nomination of Beneficiaries Form

Important Information

Please complete this form to tell us who you would like to receive any death benefits if you die.

- You can change or revoke this nomination at any time. It is recommended that you review your nominations from time to time, particularly if your circumstances change. Please inform us of any changes by submitting a new form.
- In the event of your death, we will take your wishes into account, but your nominations are not legally binding. As the Scheme Administrator, Waystone Management (UK) Limited will have discretion on the distribution of any death benefits.
- Death benefits will be paid in accordance with the Rules of the WS Stakeholder Pension Scheme. If you do not make a nomination, the Scheme Rules will apply.
- If you would like more information about any death benefits payable from this Plan, please refer to the Key Features of your Plan.
- You should speak to your financial adviser if you need help completing this form.

If you have any questions about this form, you can call us on 0371 384 2591 between 08:30am and 05:30pm Monday to Friday.

1. YOUR DETAILS

Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Plan number

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Date of birth

D	D	M	M	Y	Y	Y	Y
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2. BENEFICIARIES

Beneficiary 1

Name

Address

Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive

 %

Beneficiary 2

Name

Address

Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive

 %

Beneficiary 3

Name

Address

Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive

 %

Beneficiary 4

Name

Address

Postcode

Relationship to you (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proportion of the benefit they should receive

 %

If you would like to include more beneficiaries, please provide their details on a separate signed and dated sheet and attach to this form.

Tick here if an additional sheet is provided

Please ensure that the proportions allocated total 100%.

3. CHARITIES

Please note this option can only be chosen if you have no dependants.*

Charity 1

Organisation name

Address

Postcode

Registered Charity Number

Proportion of the benefit they should receive

 %

Charity 2

Organisation name

Address

Postcode

Registered Charity Number

Proportion of the benefit they should receive

 %

Please ensure that the proportions allocated total 100%.

* A dependant is:

- Your husband, wife or civil partner (or other person to whom you are legally married) at the date of your death
- Any child of yours (including adopted child) who is under 23 at the date of your death
- Any person who is dependent on you because of disability
- Any person who is financially dependent on you at the date of your death
- Any person whose financial relationship with you at the date of your death is one of mutual dependence (this can include an unmarried partner of the same or opposite sex who relied on your income to maintain a standard of living that depended on your joint income).

4. DECLARATION AND SIGNATURE

In the event of my death, I wish the Scheme Administrator to consider paying the beneficiaries specified in the proportion(s) indicated. This nomination replaces any previous nomination that I have made for this Plan.

When supplying information relating to other living individuals, I agree that I have the consent of these individuals to supply that information and for Waystone Management (UK) Limited to process the information.

Print name (in **BLOCK CAPITALS**)

Position

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Once completed the form should be returned to:

Waystone Management (UK) Limited
PO Box 5246
Aspect House
63 Spencer Road
Lancing
BN99 9GP