

Akzo Nobel (CPS) Pension Scheme

Member's nomination form



AkzoNobel
Tomorrow's Answers Today

Name of the member: _____

Reference number: _____

National Insurance number: _____

Date of birth: _____

Member's statement

I understand that the Trustees decide who should receive any lump-sum death benefit that may be payable.

Please consider paying the benefits to the people named below.

This form replaces any previous statements I have signed. I understand that I have the right to change my nomination at any time.

Signed: _____

Date: _____

Print your name: _____

	Relationship to you	Share of benefit
Name of person: _____ Address: _____ _____	_____	_____ %
Name of person: _____ Address: _____ _____	_____	_____ %
Name of person: _____ Address: _____ _____	_____	_____ %
Total benefit		100%

1. The Trustees will keep the information on this form confidential.
2. Please keep this form up to date. Changes in your personal circumstances may affect your choices.
3. Please contact Akzo Nobel (CPS) Pension Scheme if you need a new form.

PLEASE SEND THIS FORM TO: **TOWERS WATSON LIMITED,**
AKZO NOBEL (CPS) PENSION SCHEME, PO BOX 545, REDHILL SURREY RH1 1YX