

**The University of Leeds Pension & Assurance Scheme – CARE Section**

**Nomination Form**

# Statement of member’s wishes concerning the disposal of lump sum payment due on death

1. **Member Details**

Full Name……………………………… Personnel No…………………….

Department…………………………….. NI. No…………………………

2. **Named Beneficiary or Beneficiaries**

Beneficiaries can include spouse, financial dependants, relatives, persons entitled to benefits under your will or nominated in writing by you.

|  |  |  |
| --- | --- | --- |
| **Full Name(s)** | Relationship to Member | **% to Each** |
|  |  |  |
|  |  |  |
|  |  |  |

3. **Declaration and Witnessing**

I wish to nominate the above to receive any lump sum from the PAS becoming payable on my death. I confirm that I understand that the nominations and proportions will serve as a guide to the Trustees and will not be legally binding upon them. I understand that this statement will continue to stand unless it is replaced by a subsequent statement signed by me.\*

Signature of member ……………………………… Date …………………….

### Witnessed by (Witness should not be a named beneficiary)

**NAME** ………………………………………….. (BLOCK CAPITALS)

**ADDRESS** …………………………………………..

 …………………………………………..

 …………………………………………..

#### OCCUPATION ………………………………..……………..

**Signature of Witness** …………………………………….. **Date** ……………………

\*Please note: The witness should sign and date the form on the same date as it is completed and signed by the member.