Please use black pen only when completing this form

INVENSYS PENSION SCHEME: NOMINATION FORM

(BLOCK CAPITALS PLEASE)

SURNAME ..... TITLE (Mr/Mrs/Miss/Ms) .....,.....

FORENAMES .....

NATIONAL INSURANCE No | | | | | | DATE OF BIRTH

DAY	MONTH	YEAR

ADDRESS .....

..... POSTCODE .....

STATUS IN SCHEME

I am a current employee TICK ☐ PENSION MEMBERSHIP NUMBER | | | | | | | | |

EMPLOYING COMPANY .....

If I die, I want any lump sum benefit available from the Invensys Pension Scheme to be paid to the following person(s) or organisation(s).

NAME & ADDRESS (BLOCK CAPITALS PLEASE)	DATE OF BIRTH*	RELATIONSHIP (if any)	% of Total
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

***THIS IS PARTICULARLY IMPORTANT IF A NOMINEE IS UNDER THE AGE OF 18**

This cancels any previous nomination I may have made, I understand the Trustee will pay regard to my nomination but not be bound by it.

Signed ..... Date ...../...../.....

Please remember that you have this nomination and keep it up to date. You may lodge a fresh nomination at any time and should certainly do so if your personal circumstances change.

FOR PENSIONS DEPARTMENT USE

NOMINATION DETAILS 1) entered ..... (inits) ...../...../..... (date)

2) checked ..... (inits) ...../...../..... (date)