

PLEASE USE BLACK PEN ONLY WHEN COMPLETING THIS FORM

INVENSYS PENSION SCHEME: DEFERRED PENSIONER NOMINATION FORM

(BLOCK CAPITALS PLEASE)

SURNAME **TITLE** (Mr/Mrs/Miss/Ms)

FORENAMES

NATIONAL INSURANCE No

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

DATE OF BIRTH

| | | |
|-----|-------|------|
| DAY | MONTH | YEAR |
| | | |

ADDRESS

..... **POSTCODE**

PENSION MEMBERSHIP NUMBER

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

On death, 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 |
|--|----------------|-----------------------|------------|
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***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. Please make sure the person(s) you have nominated know how to contact us.

Please complete the above and return to the address below:

Invensys Pensions Higham House New Bridge Street West Newcastle upon Tyne NE1 8AN

FOR INVENSYS PENSIONS USE

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