



Protection

Member's nomination under a Pension Term Assurance plan

The lump sum payment under your Pension Term Assurance plan payable on your death will be made at the discretion of the Scheme Administrator of the Royal London Personal Pension Scheme. However, if you want to nominate someone to receive this payment, you can do so using this form.

Notes on completion

You can use this form to make more than one nomination, and you can nominate a person or an organisation to receive the payment under your plan. You can change your nomination(s) at any time by completing another form of nomination and sending this to us.

In section A, please give us details of your Royal London Pension Term Assurance plan.

In section B, please complete the full name of each person you want to nominate to receive any lump sum payment under your plan (called 'beneficiary'). If you want to nominate more than one person or organisation, please also complete the percentage share each is to receive and make sure this adds up to 100%. If you do not complete the shares, the Scheme Administrator will assume you want each of them to benefit equally.

When you have completed sections A and B, please sign and date the form in section C.

A. Your plan

Please give us details of your existing Pension Term Assurance plan with Royal London.

Plan number	<input type="text"/>
Full name of plan owner	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

B. Nomination(s)

Please give us the full name of each person you want to nominate. If more than one person, please also complete the percentage share.

Full name of beneficiary	Share
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>

C. Declaration

I confirm that:

I would like the payment under my Royal London Pension Term Assurance plan to be made to the persons or organisations set out in section B.

I understand that:

the lump sum payment payable on my death will be made at the discretion of the Scheme Administrator of the Royal London Personal Pension Scheme.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Please return this form to: **Royal London, 1 Thistle Street, Edinburgh EH2 1DG**



Royal London
1 Thistle Street, Edinburgh EH2 1DG
royallondon.com

We're happy to provide your documents in a different format, such as Braille, large print or audio, just ask us when you get in touch.

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