



UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME

NOTES FOR COMPLETION OF NOMINATION FORM

General

The Nomination form relates to the death-in-service lump sum benefit payable under the rules of UMSS.

The benefit is a lump sum equal to three times your actual salary and is payable if you die in service.

The lump sum will be paid to your dependants, relatives or to your estate as UMSS Ltd, the trustee of the scheme, decides. This will normally enable payment to be made shortly after death and, under current law, without liability for tax.

In deciding to whom payment will be made UMSS Ltd will consider member's circumstances and will be guided by your wishes. It cannot be bound by any nominations, but the existence of a completed form is helpful to UMSS Ltd as it provides an indication of your wishes.

Completing the form

You may, if you wish, specify more than one nominee and in this case you should indicate in what proportions the lump sum should be distributed.

This form should be signed by the UMSS member in the presence of a witness. The witness must **not** be a named beneficiary or relative.

Completed forms should be returned to:

Pensions Office
Directorate of Human Resources
John Owens Building
Oxford Road
Manchester M13 9PL

If you decide at a later date to change your nomination, please complete a new Nomination form.



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NOMINATION FORM
(Please complete in BLOCK Capitals)

To **UMSS Ltd (trustee of UMSS)**

Title	
Surname	
Forename	
ID number on staff card	

I wish to nominate the person(s) named below to receive any lump sum from UMSS arising under discretionary trusts becoming payable on my death.

I confirm that I understand that the nominations and proportions will serve as a guide to UMSS Ltd and will not be legally binding on it.

This nomination form replaces any earlier nomination form signed by me.

BENEFICIARY OR BENEFICIARIES

Full names	Relationship to member	Proportion of benefit

*If you wish to nominate any further beneficiaries please provide details on the back of this form.

Signed		Date	
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Witnessed by (see note overleaf)

Signed		Date	
Name			
Address			