

## Death-in-service lump sum nomination form

(Please complete this nomination form by hand and in BLOCK capitals)

# This form relates to any lump sum benefit payable in the event of your death under the rules of UMSS.

If you die in service the benefit is a lump sum equal to three times your actual salary.

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 your 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.

#### 1. To UMSS Ltd (Trustee of UMSS)

| Surname   | Title<br>(e.g. Mr, Mrs, Dr)  |
|---|------------------------------|
| Forename(s)   | Date of birth (DD/MM/YY) / / |
| ID number from your staff card<br>(if known) or NI number |                              |

#### 2. Beneficiary or beneficiaries

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.

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.

| Full names | Relationship to member | Proportion of benefit<br>(e.g. 50%/half) |
|------------|------------------------|--|
|            |                        |  |
|            |                        |  |
|            |                        |  |

 $<sup>\</sup>hbox{*If you wish to nominate any further beneficiaries please provide details on the back of this form.}\\$ 

| 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. |      |  |
|---|------|--|
| Signed  | Date |  |

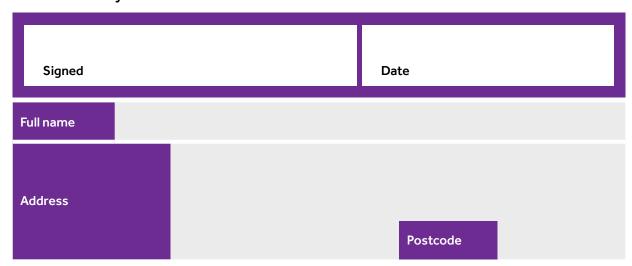


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#### (Please complete this nomination form by hand and in BLOCK capitals)

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

### 3. Witnessed by



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

Your personal information will be held and processed by the Trustee of UMSS and any third party appointed for the effective running of UMSS. If you want to know more about the data held which relates to you or the purposes for which it may be used, please refer to the Privacy Notice available at **www.umss.co.uk**