

Pension and Assurance Scheme for Lay Employees of the Methodist Church (the Scheme)

NOMINATION FORM FOR PAYMENT OF DEATH BENEFITS

If you wish to nominate a beneficiary to receive any lump sum payment in the event of your death please complete all relevant sections in block capitals.

Please sign and date the form and return it to:

The Pensions Office
Methodist Church House
25 Tavistock Place
London WC1H 9SF

or by email to:

pensionshelp@methodistchurch.org.uk

General Data Protection Regulation (GDPR)

By completing this form, I consent to my personal information (including any sensitive personal information) being held and processed by the Trustee, the Scheme administrator and any third party appointed for the effective running of the Scheme. I understand that the Trustee, the Scheme administrator and any third parties to whom they make the data available, will comply with the underlying principles of applicable data protection legislation, including the General Data Protection Regulations.

If you wish to know more about the data held which relates to you or the purposes for which it may be used, please refer to the Scheme's data privacy statement. If you have not sighted this and wish to do so, please contact the Pensions Office by email : Pensionshelp@methodistchurch.org.uk

The Trustee may send you information about the Scheme to your work email address. If you leave employment, information may be sent to a different email address if you have provided one.

By signing this form you confirm that you have the explicit consent of the dependants whose Sensitive Personal Data you may reveal in completing this form (block capitals).

Section 1: Personal Details

Surname:

Title:

Forename(s):

Date of Birth:

 / /

NI No:

Address:

Post Code:

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Section 2 : Nominating your beneficiary / beneficiaries

I note that in accordance with the provisions of the Scheme the Trustee has power in the event of my death to make payment of any cash sum payable to such one or more persons as the Trustee decides.

I would like to nominate the following to receive benefits in the proportions stated:

Full Name	<input type="text"/>
Address:	<input type="text"/>
Relationship:	<input type="text"/>
Proportion of Benefit:	<input type="text"/> %

Full Name	<input type="text"/>
Address:	<input type="text"/>
Relationship:	<input type="text"/>
Proportion of Benefit:	<input type="text"/> %

I understand that this notification does not restrict the absolute discretion of the Trustee under the Scheme Rules in awarding payment of such benefits. I further understand that this form cancels any similar form that I may have submitted to the Trustee.

Note: Nomination(s) may be altered at any time in the future by completing a new Nomination Form. Beneficiaries need not necessarily be restricted to two. Please continue on a separate sheet of paper, if required.

I understand that the Trustee is not bound by this nomination.

Signed.....

Dated