

Nomination Form

Lump Sum Death Benefit



To be completed by Member

In the event of my death I should like the Trustees to consider paying any lump sum payable under the Scheme rules to the following:

Full Name	Address	Relationship to Member	Share (Percentage)
1.			
2.			
3.			
4.			

(must total 100%)

PLEASE NOTE: If you have more than one record covering different periods of service this nomination form will apply to all lump sums payable unless you provide separate forms covering each period of service.

In the event that he/she/they predecease me I should like the Trustees to consider paying any lump sum payable under the Scheme rules to those shown overleaf.

If you wish to expand on why you wish the Trustees to consider payment of part or all of the lump sum benefit in a certain way you can provide details, in confidence, on the reverse of this form.

I fully understand that my wishes are in no way binding on the Trustees and I may, at any time, revoke or revise this nomination by completing another Nomination Form. For DC Section members only: if I join/joined the DC Section later than 3 months after when first eligible, I acknowledge that a death-in-service lump sum/life assurance benefit may not apply.

The Trustees are the data controller in respect of the personal data they collect about you for the purposes of the data protection legislation. The personal data the Trustees hold will be used by the Trustees and third parties to whom the Trustees disclose the personal data (such as the scheme administrators and other service providers) for the purposes of administering the scheme, including calculating and paying your benefits. The Trustees will also disclose your personal data to Legal & General Assurance Society Ltd, which is a data controller in respect of that personal data and is directly responsible under data protection law for protecting it.

Please read the Trustees' full privacy statement which can be found at www.itb-online.co.uk for full details, including details of the rights you have in respect of your personal data under the data protection legislation.

By signing this form, I consent to the Trustees processing my personal data, and have the consent of those named above to the processing of their personal data, for the purpose of calculating and paying the lump sum payable on my death. I have also shared with those named above the Trustees' data privacy statement.

Full Name: _____ Signature: _____ This form is invalid if not signed

Private Address: _____

Company: _____ Date: _____

Please return the completed form to the ITB Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ, for safekeeping. The Trustees will take note of your wishes when considering who should receive the lump sum, such as relatives, dependants and others.

