

**UNIVERSITY OF ABERDEEN
SUPERANNUATION & LIFE ASSURANCE SCHEME**

**NOMINATION OF LIFE ASSURANCE LUMP SUM
BENEFICIARY FORM**

TO: The Trustees

FROM:
Full name of Member

**NATIONAL
INSURANCE No:**

Staff I.D No:

**Proportion of Benefits
Must add up to 100%**

Full Name:

%

Address:

Full Name:

%

Address:

Full Name:

%

Address:

Should you wish to nominate more than 3 people please print another copy of this form and indicate that a second form has been used.

Alternative Wishes:

If the above (or any of them) predecease me, I wish the Trustees to consider the following:

Declaration by Member:

I wish the persons named overleaf to be considered as possible recipients of any Life assurance lump sum from UASLAS payable on my death at the discretion of the Trustees and (where more than one person is named by me overleaf) in the proportions indicated.

I understand that under UASLAS rules, the Trustees can take this nomination form into account when deciding how to exercise its discretionary powers, but is not legally bound to do so.

This request cancels any I have made previously on this matter.

Signed:

Date:

**Please return this form to: The Pensions Department, Room 54 University Office,
University of Aberdeen, Regent Walk, Aberdeen, AB24 3FX or email it to
pensions@abdn.ac.uk**