

Death Nomination Form

Name:

National Insurance No:

Whilst I appreciate that any death benefit is made at the discretion of the Trustees, I would like the monies to be split as follows:

Name:	Relationship:
Proportion:	Address:
Name:	Relationship:
Proportion:	Address:
Name:	Relationship:
Proportion:	Address:
Name:	Relationship:
Proportion:	Address:
Name:	Relationship:
Proportion:	Address:

In order to maintain the confidentiality of your nomination and to avoid seriously impairing the ability of the Trustee to pay the correct benefits from the Scheme, the Trustee does not intend to send a privacy notice (pursuant to the General Data Protection Regulation and UK data protection laws) to any individuals named on this form. The Trustee assumes that you have the consent of the individuals named above to provide us with the information you have included on this form.

Signature: _____ **Date:** _____

The completed form should be returned to Northumbrian Water Pension Scheme, Hymans Robertson LLP, 20 Waterloo Street, Glasgow, G2 6DB or Email: nwps@hymans.co.uk to request an upload link