NOMINATION FORM

To be used for the following: Trustee Buyout Plans (after 2015), Retirement Account; Personal Pension, Group Personal

| Pension, and Stakeholder Plan(| s). | | |
|--|---------------------------------|---------------------------------|---------------------------|
| To: Scottish Widows | | | |
| PLEASE USE BLOCK CAPITALS | | | |
| Your name | | | |
| Pension plan number | | | |
| (for new policies the Scheme Administrator will insert this when allocated) | | | |
| Your National Insurance Numbe | r | | |
| Your National Insurance Number can be found on a payslip or a P60, or on a tax return. If you cannot find your National Insurance number, please call HM Revenue & Customs on 0300 200 3500 . | | | |
| Date of birth (DD MM YYYY) | | | |
| I wish to nominate the person/p number above. I understand that this expression of my wishes. | | | |
| this expression of my wishes. | | | |
| Please consider the following pe | erson/people to receive death b | enefits in the percentages show | n. |
| • | erson/people to receive death b | enefits in the percentages show | n. Percentage of benefits |
| Please consider the following pe | | | |
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| Please consider the following pe | | | |

If you decide to complete this form, please return it to Scottish Widows, 15 Dalkeith Road, Edinburgh, EH16 5BU.

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 181655.

If your circumstances change after submitting this form and you would like to change the nominated beneficiaries please

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise

that you read our Privacy Statement, which you can find at www.scottishwidows.co.uk/legalprivacy

send a new form.

Date (DD MM YYYY)

Signed

