

Nomination of beneficiaries

Flexible Drawdown Plan (Non Protected Rights) Flexible Drawdown Plan (Protected Rights)

Nomination of beneficiaries

By completing and returning this form, you can inform the Trustee (Zurich Pension Trustees Limited) how you wish any death benefits to be paid, in accordance with the Trust Deed and Rules of the Scheme.

There are separate sections for your protected rights (if applicable) and your non-protected rights death benefits. Your protected rights benefits must provide for a lifetime annuity if you leave a surviving spouse or registered civil partner.

Please note that for non-protected rights funds the distribution of any lump sum payable on your death is at the discretion of the Trustee.

Your request is not binding although it will be given due consideration. For protected rights funds we are required to follow your instruction if any lump sum death benefit becomes payable.

You can change or revoke your nomination at any time.

You should consider what you wish to happen if the beneficiary (or one of the beneficiaries) dies before you, for example 'my husband/wife but if he/she dies before me, to all my children who are living at the time of my death, in equal shares.' Please write any instruction like this in the 'Further instructions' box.

You should review your nomination from time to time and when there is a change in your personal circumstances.

If you are taking income drawdown, you should nominate one or more surviving dependant(s) if you wish to give them the choice of how to take income drawdown benefits (ie. a lump sum subject to tax, income drawdown or an annuity).

Please complete all sections of this form that apply to you in BLOCK CAPITALS.

Non-protected rights beneficiaries

Protected rights benefic	iaries			
Full name	Address	Relationship	Nationality	% share
Further instructions				

Authorisation

In the event of my death, I wish the Trustee to, in respect of non-protected rights, consider paying the beneficiaries above in the proportion(s) indicated and in respect of protected rights to make payment to the beneficiaries I have nominated. This form supersedes any earlier 'Nomination of beneficiaries' form I may have completed for this plan.

Signature of investor

Date



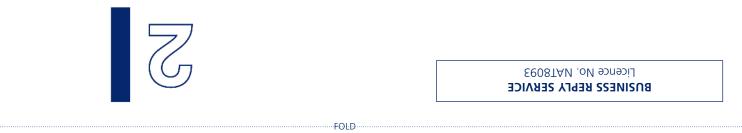
Please contact us or your adviser if you would like this in large print, Braille or on audio tape or CD.

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We may record or monitor calls to improve our service.

Zurich Retirement Services PO Box 809 Bishops Cleeve MAHAM GL52 8YR



Please complete the following:

Zurich Flexible Drawdown Plan (Non Protected Rights) number (if known)	
	Date DDMMYYYY
Zurich Flexible Drawdown Plan (Protected Rights) number (if known)	
	Date DDMMYYYY
Surname	Full forenames

Please ensure you have fully completed the boxes above. This envelope will only be opened in the event of a claim. Please do not enclose any other correspondence.