
JAGUAR PENSION PLANS

Death Benefit Nomination Form

To: The Trustee of the Jaguar Pension Plans

Please use BLOCK letters throughout this form

Surname:

Forename:

NI Number:

--	--	--	--	--	--	--	--	--	--

Location:

(Current Employees only)

Payroll Number:

(Current Employees only)

Date of Birth

Declaration

In the event of my death I would like the Trustee to consider making payments of Lump Sum benefits due under the Plan to the following:

Name(s)	Address(es)	Relationship to me (if any)	%

I understand that the Trustee needs to hold and process the above information in order to exercise its discretion as to how to distribute any Lump Sum benefits, which is a legitimate interest under data protection law, and that any processing will be undertaken in accordance with the Privacy Notice provided to me, and available at <http://jaguarlandroverpensions.com/privacy-policy/>.

This form cancels any previously submitted nomination form.

Signed:

Date:

Note on completing the Form:

You can indicate more than one beneficiary with a proportion of the total benefits for each, for example your spouse (60%) and your father (40%). When your circumstances change, simply complete a new form. The total of all percentages must be 100%

Please return the completed form to:

Mercer, Post Handling Centre, St James's Tower, 7 Charlotte Street, Manchester, M1 4DZ