

PENSION

Home Group Life Assurance Scheme

NOMINATION FORM

To the Trustees of the Home Group Life Assurance Scheme

Name (please print name in full):

In the event of my death I wish you to consider the person(s) named below as recipient(s) of any lump sum benefits payable.

I understand that payment of any lump sum benefits on my death is at the Trustees' discretion and that completion of this form is not in any way binding on the Trustees: understand that the Trustees have absolute discretion as to the payment of benefits associated with my membership of the HGLAS in the event of my death, while a contributory member of the Home Group Pension and Life Assurance Scheme.

1.0 Pension and Life Assurance Benefits

You may nominate more than one beneficiary. Please state the percentage of your benefit you would like the named beneficiary to receive. If you want to nominate more than 5 beneficiaries please provide the detail on a separate sheet of paper and sign it.

Name	Address	Relationship (if Any)	Proportion %

In the event of a significant change in your lifestyle, e.g. marriage, divorce or co-habiting, you should ensure that you complete a new Expression of Wish form if you wish to change your nomination(s).

2.0 Declaration

I understand that:

- This form replaces any previous Expression of Wish Form.
- This form will be retained by the Trustees and not disclosed to any party until my death, when appropriate privacy information as required under the General Data Protection Regulation (GDPR) will be provided to the beneficiaries.

3.0 Sign the Nomination

Signing and submitting this form confirms that you have read and understand the literature.

Signature: Date:.....

Please send your completed Nomination Form to: The Trustees, c/o The Pensions Administrator, Home Group Limited, One Strawberry Lane, Newcastle upon Tyne NE1 4BX, or the completed signed form can be scanned and emailed to pensions@homegroup.org.uk