



The Aspire Savings Trust death benefit nomination form

TO THE TRUSTEE OF THE ASPIRE SAVINGS TRUST (the Scheme)

If you are completing this by hand, please do so in Block Capitals, using black ink.

Name:

National Insurance No:

Date of Birth:

Member identification number:*

*This number is on your membership certificate

Please note that I would like the undermentioned person(s) or organisation (s) (this could be a charity) to receive the benefits payable on my death from the Scheme. I understand that the Trustee has absolute discretion in the disposal of the benefits and is not legally bound by this expression of my wishes.

Full name of person(s) or organisation(s)	Address	Relationship (if applicable)	Percentage of benefits
			%
			%
			%
			Total: %

Where more than three nominations are to be made, please continue overleaf, ensuring that the total for all nominations (front and back) add up to 100%.

I hereby revoke any previous nominations regarding my death benefits in the Scheme made by me. I consent for the purposes of UK data protection legislation (under which the Trustee is the data controller) that the information contained in this form is held and used by the Trustee (and its advisers, if appropriate) for the purpose of administering the Scheme.

Signed:

Dated:



Please return this completed form to the administrator:

Aspire Savings Trust
Albion
Fishponds Road
Wokingham
RG41 2QE

OR

you can complete, sign and scan this form and then email it to: mastertrust@psaspire.com

Please note there is no guarantee that any email sent will be received, or that the contents of any such email will remain private during transmission.

The nomination(s) made may be revoked or revised at any time by completing, signing and submitting a new form to the administrator. You should consider doing so if there is a change in your personal circumstances.

If you require any further information, please contact the administrator at mastertrust@psaspire.com or by ringing 020 3327 5470.

Additional nominations to those on the front of this form:

Full name of person(s) or organisation(s)	Address	Relationship (if applicable)	Percentage of benefits
			%
			%
			%
			Total including beneficiaries on first page: 100%

