



HELPLINE: 01702 354024

# THE CHEVIOT TRUST NOMINATION FORM

USE THIS FORM ONLY IF YOU BECAME A MEMBER BEFORE 1 APRIL 1996 AND YOUR NOMINATED BENEFICIARIES BELONG TO ONE OF THE CATEGORIES LISTED UNDER CONDITION 9 BELOW, OTHERWISE USE THE EXPRESSION OF WISHES FORM.

## SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

SURNAME		TITLE			
FIRST NAMES					
IF YOU HAVE CHANGED YOUR SURNAME PLEASE STATE ANY PREVIOUS SURNAME(S)					
HOME ADDRESS					
POSTCODE	TELEPHONE NUMBER				
EMAIL ADDRESS					
DATE OF BIRTH	NATIONAL INSURANCE NUMBER				
MARITAL STATUS	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	CIVIL PARTNERSHIP <input type="checkbox"/>	SINGLE <input type="checkbox"/>
CHEVIOT MEMBERSHIP NUMBER					

## SECTION B: CONDITIONS

PLEASE READ THESE CONDITIONS CAREFULLY BEFORE COMPLETING THE SECTIONS OVERLEAF.

- 1 This Form of Nomination imposes a legally binding obligation upon the Trustee Board to allocate any lump sum payable on your death according to your instructions.
- 2 Any payments to your beneficiaries are currently free of Inheritance Tax and do not form part of your estate.
- 3 This Form of Nomination must be signed and witnessed. The witness must not be a beneficiary of your nominations.
- 4 Your Nomination only takes effect when it is acknowledged on behalf of the Trustee Board.
- 5 If you wish to change your Nomination, a new form must be completed. If you wish to cancel your Nomination, without making a further Nomination, you must do so in writing.
- 6 All Nominations are automatically revoked upon marriage or registering a civil partnership, when you should complete a new Nomination.
- 7 If a nominated beneficiary predeceases you, any benefit will be paid to the surviving beneficiaries according to the respective proportions which you have allocated.
- 8 If all nominated beneficiaries predecease you, this Form of Nomination ceases to have effect.
- 9 Eligible beneficiaries are "Dependants" and "Relatives" only. "Dependants" means any person wholly or partially maintained, or who are financially assisted by you at the date of your death. "Relatives" means a member's spouse, civil partner, a member's grandparents, the grandparents of the member's spouse, the descendant of any of those grandparents, and the spouse of any of them. For this purpose (a) a relationship by process of legal adoption is valid and (b) a step-child is deemed to be a descendant.
- 10 All Nominations are subject to the Trust Deed and Rules as amended from time to time and as interpreted by the Trustee Board. The decision of the Trustee Board is final in all matters.

**REMEMBER TO KEEP YOUR NOMINATION UP TO DATE –  
COMPLETE A NEW FORM AND SEND TO THE TRUSTEE BOARD IF YOUR CIRCUMSTANCES CHANGE**



## SECTION C: NOMINATION OF BENEFICIARIES

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I understand that this form supersedes any previous Nomination Forms or Expression of Wishes Forms completed by me. I nominate the following to receive any lump sum benefit payable under the rules in the proportions shown.

<b>1</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
<b>2</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
<b>3</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
<b>4</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
		TOTAL	100%

If you wish to nominate further beneficiaries use another form. Ensure the total percentages add up to 100%. Ensure each separate form is signed and witnessed.

## SECTION D: SIGNATURE AND WITNESSING

In accordance with the Data Protection Act 1998 I consent to the information on this form being held and processed by the Trustee Board of The Cheviot Trust, my employer and organisations providing services to The Cheviot Trust for the purpose of administering any benefits payable on my death. I acknowledge that as a result of the Act there is a possibility that the information contained in this form could be disclosed to the beneficiaries named above.

SIGNATURE	DATE
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### PLEASE NOTE: YOUR WITNESS MUST NOT BE A BENEFICIARY NAMED ABOVE

WITNESS'S NAME IN CAPITAL LETTERS	SIGNATURE OF WITNESS
WITNESS'S ADDRESS	

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO  
THE CHEVIOT TRUST CHEVIOT HOUSE, 70 BAXTER AVENUE, SOUTHEND-ON-SEA, ESSEX SS2 6JA