

Form of Nomination

To: The Scheme Administrator of the Dentons Self Invested Personal Pension

NAME IN FULL

In the event of my death I would like any lump sum/income benefits to be paid to the persons set out below. These nominations will not bind you but will act as an expression of my wishes. I understand that I may change the nominated beneficiaries at any time by giving notice to the you.

	First Beneficiary	Second Beneficiary	Third Beneficiary
Name			
Address			
Relationship			
Percentage of SIPP fund to be paid			

My wish is that you also consider the following potential beneficiaries (you can leave this box blank if your wishes are stated in full above):

If you are unsure about the implications of your nomination, please contact a financial adviser.

Signature

Date