
JAGUAR LAND ROVER DEFINED CONTRIBUTION FUND

Insured Death Benefits Nomination Form

To: The Trustee of the Jaguar Land Rover Group Life Assurance Plan
(Please use BLOCK letters throughout this form)

Surname: Forename:

NI Number:

Payroll Number: 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 Scheme to the following:

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

For the purposes of the Data Protection Act 1998, by signing this Nomination Form you agree to your data being processed for the purposes of administering the Plan and paying benefits under it. You confirm that you have informed the above named beneficiaries of the processing by us, or on our behalf, of their data for the purpose of the Trustee exercising its discretion in relation to the payment of benefits.

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:

HRCO Department, Mail Drop: 53S7/4, Block 17, Lode Lane, Solihull, B92 8NW.