
JAGUAR PENSION PLANS

Death Benefit Nomination Form

To: The Trustee of the Jaguar Pension Plans

Please use BLOCK letters throughout this form

Surname: Forename:

NI Number:

Location:
(Current Employees only)

Payroll Number: Date of Birth
(Current Employees only)

Declaration

In the event of my death I would like the Trustee to consider making payments of Lump Sum benefits due under the Plan to the following:

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

I consent for the purposes of the Data Protection Act 1998, that the information in this form is held and used by or on behalf of the Trustee for the purposes of the administration of the Plan.

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 the Pension Administrators, JLT Benefit Solutions, St James House, 7 Charlotte Street, Manchester, M1 4DZ.

If you have any queries when completing this form, please contact the Jaguar Pensions Helpline. Telephone: 0845 078 2052.