

# Mitchells & Butlers Executive Pension Plan



## Beneficiary Form – Member

### Personal details

Surname:	<input type="text"/>	Title:	<input type="text"/>
First names:	<input type="text"/>		
Date of birth:	<input type="text"/>	National Insurance No:	<input type="text"/>

The Trustees have discretion to pay cash sums payable on your death to your beneficiaries. This includes one or more persons and/or registered charities nominated by you. This form gives you the opportunity to inform the Trustees of your wishes in this respect. Please complete and return it if you have not previously completed a form, your circumstances have changed since the last form was completed or you completed your form some time ago, even if your wishes have not changed.

Please tick ONE of the following boxes and sign/date below.

- Payment of the total cash sum to my legal spouse, **OR**
- Payment of the cash sum as indicated below (please complete details)

Name	Address	Relationship	% of benefit (Total 100%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Any other wishes

If you would like the Trustees to consider any other relevant information please specify on a separate sheet, attach it to this form and tick the box opposite.

### Data Protection Act 1998

In accordance with the Data Protection Act 1998 I consent to the information on this form being held and processed by the Trustees for the purpose of determining the recipients of and administering any benefits payable on my death.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN THIS FORM TO

Mitchells & Butlers Pensions, Mercer Human Resource Consulting, Stratford Court, Cranmore Boulevard, Solihull, West Midlands, B90 4QT

If you do not want your wishes to be read until after your death, state clearly on the envelope:

'BENEFICIARY FORM – ONLY TO BE OPENED IN THE EVENT OF MY DEATH', your name and NI number.

If you require acknowledgement of receipt of this form please enclose an addressed envelope.