

Nomination of Beneficiary Form



Personal details

Title: (please tick) Mr Mrs Miss Other (please specify)

Surname: First names:

Date of Birth: National Insurance No:

Home address:

Postcode:

Telephone No: Email address:

Beneficiary form

In the event of your death, it is the trustees' duty to decide to whom the death benefits should be paid. Please complete this form to nominate your choice of beneficiary(ies) and dependant(s). The trustees are not bound by your wishes, but will always take them into account when making their decisions.

To enable the Trustees to be aware of your wishes as to the recipients of any benefits payable on your death, it is important that you regularly (every 3 years) complete and return a Nomination of Beneficiary Form, which can be obtained from the Administrator or online at www.mbplc pensions.com. If your circumstances should change please complete a new form and return to Louise Sullivan, Employee Benefits Advisor, Mitchells & Butlers plc, 27 Fleet Street, Birmingham B3 1JP. This form relates to benefits from the DB and DC Sections of the Plan and will override all existing Beneficiary forms.

Lump-sum benefit

Please complete the names and addresses of the person or persons you would like to nominate and what proportion of your lump sum benefit they should receive.

1: Name:

Address:

Postcode:

Date of birth: Relationship to you:

% of benefit:



2: Name:
Address:
 Postcode:
Date of birth: Relationship to you:
% of benefit:

If you would like to add any special wishes or nominate more beneficiaries or dependants, please specify on a separate sheet and attach it to this form.

Signature: Date:

Dependants pensions

In some circumstances, part of your account may be used to provide a dependant's pension on your death. Please complete the name and address of one (or more) dependant(s) you would like to nominate and what proportion they should receive. For a dependant's pension, you can nominate:

- your husband, wife or registered civil partner
- one or more children under age 18
- one or more children between the ages of 18 and 23 in full-time education
- a person whose standard of living is at least partly dependent on you
- a person who is dependent on you because of a disability
- an ex-husband, wife or registered civil partner receiving payments from you

1: Name:
Address:
 Postcode:
Date of birth: Relationship to you:
% of benefit:
2: Name:
Address:
 Postcode:
Date of birth: Relationship to you:
% of benefit:

Use this box to let us know if you have any special wishes.

If you would like to nominate more beneficiaries or dependants, you should photocopy this form and include this with your completed form.

Full name:
Signature: Date: