
Death Benefit Nomination Form – Group Life Assurance Scheme

Please complete this form in black ink and in BLOCK capitals and return to the People Department, Central Garage, 55 Annandale Street, Edinburgh, EH7 4AZ

Your personal details

| | |
|---------------------|--|
| Name | |
| Payroll Number | |
| Garage / Department | |
| Job Title | |

Your nomination for death benefits

Your nominees can be individuals (including a child) or an incorporated or unincorporated body (for example, a bank, partnership or a firm of solicitors). You may nominate more than one individual.

| | Nominee full name including title | Nominee address and post code | Relationship (if any) | Percentage of nomination (%) |
|---|-----------------------------------|-------------------------------|-----------------------|------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Your declaration

I understand that this nomination is in no way binding on the Company and that I may alter the nomination in writing at any time. This nomination form cancels any previous nomination form which I have completed in relation to the plan.

SIGNED _____ DATE _____



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