



Please use this form to inform the Trustee of the Alstom Pension Scheme of your wishes regarding the cash sum payable in the event of your death. Please read the notes on the back before completing the form.

If you are one of the following types of member you should not use this form:

- a member of the Norweb or Manweb sections who has pensionable service in the Scheme before 1<sup>st</sup> Sept 1986,
- a member of the Scottish Power section who has pensionable service in the Scheme before 1<sup>st</sup> Jan 1990.

If the above applies, please contact us at the address overleaf and we will send you a Notice of Direction Form.

PLEASE USE BLOCK CAPITALS

**Personal details**

National Insurance No: 

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Surname :..... Title :..... Sex: .....

First names:.....

Home address:.....

..... Postcode: .....

Date of birth: 

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**Payment of cash sum**

I would like the Trustee to consider paying any cash sum arising on my death to the following in the proportions indicated. I understand that the Trustee is not bound by this request but will nevertheless consider my wishes when exercising its discretion. This form replaces any previous nomination.

Full Name: .....

Address (if different to mine): .....

..... Postcode: .....

Relationship to me (if any): ..... Proportion: .....

Full Name: .....

Address (if different to mine): .....

..... Postcode: .....

Relationship to me (if any): ..... Proportion: .....

Full Name: .....

Address (if different to mine): .....

..... Postcode: .....

Relationship to me (if any): ..... Proportion: .....

Full Name: .....

Address (if different to mine): .....

..... Postcode: .....

Relationship to me (if any): ..... Proportion: .....



**Your signature**

I understand that the Trustee of the Alstom Pension Scheme may hold personal information about me on computer and manual files. The Trustee may use this information for the scheme’s purposes, which will include calculations and paying benefits arising from me being a member of the Alstom Pension Scheme. I agree that you may give the information to other relevant organisations, including my employer, the Trustee’s professional advisers, ALSTOM Ltd and their professional advisers, and the trustees and employers of other schemes if my benefits are transferred.

Please ensure that you sign and date this form before returning it.

Signature :..... Date: .....

**Notes**

- You are under no obligation to state your relationship with the individual(s) named overleaf, although this information may help the Trustee when exercising its discretion. Please keep a copy of this form and review it from time to time. You should complete a new form if your circumstances change.
- The Trustee may pay or apply any lump sum death benefit payable under the Scheme within two years from the date of death to or for the benefit of any individual or charity nominated by you. The rules do not restrict the category of your nominated beneficiary but you may wish to consider nominating a relative or somebody who is dependent on you.
- **Confidentiality** - The information you provide on this form will be treated in the strictest confidence by the Trustee.

**Please return this form to:**

**JLT Employee Benefits, Alstom Pension Scheme, Post Handling Centre U, St James Tower, 7 Charlotte Street, Manchester M1 4DZ.**