

**Member's full name:** \_\_\_\_\_  
(print in block capitals)

**National Insurance Number:** \_\_\_\_\_

**Name of Scheme:** R G Carter Group Life Assurance Scheme

To the Trustees of the Scheme,

In the event of my death, I would like to nominate the persons(s) specified below, in the proportions given, as recipients of any lump sum payable under the Schemes.

I fully understand, however, that the Trustees have total discretion as to who will be the final beneficiary.

<b>Beneficiary full name</b> (print in block capitals)	<b>Beneficiary address</b> (print in block capitals)	<b>Relationship</b> (if any, to member)	<b>Proportion of benefit %</b> (If more than one person named)

This form must be printed, hand signed and dated.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please return to the **Payroll Department, R G Carter Technical Services Ltd, 9-11 Drayton High Road, Drayton Norwich, NR8 6AH**. You may enclose the form in the pre-paid envelope supplied, adding your full name on the label on the back of the envelope.

The envelope will only be opened by the Trustees in the event of your death.

**Important:** It is your responsibility to see that any alteration to your wishes is made known to the Trustees of the Scheme by submitting a further expression of wishes form. Your previous form will then be returned to you. The form is available from the Construct Intranet.