

2. Making or amending your non-binding nomination

Please note: the total must add up to 100%

| Name of nominated beneficiary (dependant) or estate | Address* | Relationship to member* | Date of birth* | Proportion of Death Benefit |
|-----------------------------------------------------|----------|-------------------------|----------------|-----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| Total must add up to 100% | | | | 100% |

* Not applicable if you have nominated your estate.

Where you wish to nominate more than four beneficiaries, please photocopy this page and attach to your completed application.

Signature of member (sign clearly within the box)

X

Date

D D M M Y Y Y Y