

# Death Benefit Nomination Form

## To the Trustees of the Ladbrokes Pension Plan

I would like the Trustees to consider the following person(s) as possible recipients of any lump sum benefit payable from the Ladbrokes Pension Plan on my death:

**Please use BLOCK CAPITALS**

Full name and address of nominee	Relationship to you* (please specify)	Proportion of lump sum death benefit
		%
		%
		%

\* e.g. spouse/civil partner, partner, child, relative (sister/brother/parent/cousin etc), financial dependant

**Total 100%**

I have signed this form below to show that:

- I understand that the Plan Rules give the Trustees the absolute discretion to decide how any lump sum benefit payable on my death is divided up and who it is paid to amongst my beneficiaries. Although the Trustees will consider my wishes, they have the final decision and may not necessarily follow my wishes (e.g. if my circumstances change after the date of this form).
- I consent, for the purposes of the Data Protection Act 1998, to the above information being held and processed by, or on behalf of, the Trustees for all the purposes of the Plan.

Your full name	
Address	
Postcode	Daytime telephone number
Email address	
Employee reference/Payroll number/Plan membership number	
Rad	National Insurance number

Signed	Date
--------	------

## Returning this form

**Current employees:** Should complete and return this signed and dated form to their Human Resources representative who will then forward it on to the Plan administrators (with a copy held confidentially by Human Resources).

**Deferred members and pensioners:** should return this signed and dated form to the Plan administrators at the following address: The Ladbrokes Administration Team, Hymans Robertson LLP, One London Wall, London, EC2Y 5EA.