

Nomination form

Please complete this form in block capitals and return it to the trustee(s) of your Relevant Life Policy Trust.

To the trustee(s) of the Relevant Life Policy Trust policy number:

	the 'Policy'
--	--------------

In the event of my death, I wish any lump sum benefits payable under the policy to be paid to:

Full name	Address	Relationship	% Share
			100%

This form supersedes any earlier nomination form I may have completed for this policy.

I understand that this form is in no way binding on the trustee(s) of the policy, and that the final decision as to who the benefits are payable will be made by the trustee(s) after my death.

I can change or revoke this nomination at any time.

<div>Signature</div>	<div>Print name</div>
	<div>Date<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>

Please note that this form should be retained by the trustee(s) and is for their consideration only.

Zurich Assurance Ltd do not need to see a copy.

Zurich Assurance Ltd, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Registered in England and Wales under company number 02456671.

Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Telephone: 01793 514514.

We may record or monitor calls to improve our service.

