



Expression of Wishes  
Nomination of Beneficiary

Member Name: Giles Madin

Scheme Name: The Abbeycolor Self-Administered Pension Fund

Scheme Reference: BL/0063

In the event of my death should there be an entitlement to a lump sum payment or beneficiary's pension I wish the payment/s to be made as follows:

Name of Dependant/Beneficiary	Relationship	%
ELIZABETH MADIN	WIFE	100

Nomination of Charity

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary as listed above may instead be paid to a charity. If you wish to nominate a charity/ies please name them below. Please note this should be nominated now and cannot be left to the discretion of the Trustees.

Name of Charity	%

I understand that the Trustees will not be bound by this form and that it is only an expression of my wishes.

Signature

Print Name

GILES MADIN

Date

20042018

Notes:

The Trustees will have regard to but shall not be bound necessarily by the wishes expressed in writing in this form. This will includes the Trustees offering the named dependant/beneficiary the option of a drawdown income or lump sum. Where you wish the Trustees to consider only offering a lump sum or drawdown, please notify us in writing.

If you leave the above spaces blank, the Trustees will exercise full discretion as to whom benefits should be paid. The Trustees cannot however pay to a charity if none has been nominated.

This form will replace any previous equivalent forms.

Expression of Wishes  
Nomination of Beneficiary

RECEIVED  
21.12.18

Member Name: Simon Madin

Scheme Name: The Abbeycolor Self-Administered Pension Fund

Scheme Reference: BL/0063

LCD

In the event of my death should there be an entitlement to a lump sum payment or beneficiary's pension I wish the payment/s to be made as follows:

Name of Dependant/Beneficiary	Relationship	%
JAEVLINE MADIN	WIFE	100

Nomination of Charity

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary as listed above may instead be paid to a charity. If you wish to nominate a charity/ies please name them below. Please note this should be nominated now and cannot be left to the discretion of the Trustees.

Name of Charity	%

I understand that the Trustees will not be bound by this form and that it is only an expression of my wishes.

Signature

*Simon Madin*

Print Name

SIMON DOUGLAS MADIN

Date

31/03/2018

Notes:

The Trustees will have regard to but shall not be bound necessarily by the wishes expressed in writing in this form. This will includes the Trustees offering the named dependant/beneficiary the option of a drawdown income or lump sum. Where you wish the Trustees to consider only offering a lump sum or drawdown, please notify us in writing.

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