



## Employee Life Cover from B&CE

**Help us to pay the right amount, to the right people and at the right time**

In the event of your untimely death, it is important the proceeds of this cover go to the people you wish as quickly as possible. By using this form, you can ensure we know who you would like us to pay.

Payments are made directly to your nominated recipients without having to wait for probate. You should note however, that while the Trustee will give every consideration to your wishes, your nomination is not legally binding on the Trustee.

You can change your mind as many times as you need to but please make sure you sign and date a new Nomination Form and return it to us each time. Please return to **FREEPOST B&CE**.

If you do not nominate a recipient then any payment may be made to your estate following your death.

You can obtain additional forms by visiting our website at <http://bandce.co.uk/resources/employee-accident-cover-eac-and-employee-life-cover-elic>. Alternatively you can call us on **0300 2000 555** and we will send you one. Please note this form is only for Employee Life Cover from B&CE and you will need a different Nomination Form for each of the products you hold with us.

Please keep a copy of this completed form for your own records. We will be writing to you to confirm we've received it.

### Section 1. Your Personal Details

Please complete in capital letters.

|                        |                      |               |                      |                      |                      |
|------------------------|----------------------|---------------|----------------------|----------------------|----------------------|
| Title (Mr/Mrs/Miss/Ms) | <input type="text"/> | Surname       | <input type="text"/> |                      |                      |
| Forename(s)            | <input type="text"/> |               | <input type="text"/> | <input type="text"/> |                      |
| Address                | <input type="text"/> |               |                      |                      |                      |
|                        | <input type="text"/> | Post Code     | <input type="text"/> |                      |                      |
| Email Address          | <input type="text"/> |               |                      |                      |                      |
| Telephone Numbers:     |                      |               |                      |                      |                      |
| Day                    | <input type="text"/> | Evening       | <input type="text"/> | Mobile               | <input type="text"/> |
| Marital Status         | <input type="text"/> |               |                      | Occupation           | <input type="text"/> |
| National Insurance No  | <input type="text"/> | Date of Birth | <input type="text"/> |                      |                      |

Please include your B&CE Customer No if you can. This can usually be found at the top of any letter we have sent you.

B&CE Customer No

## Section 2. Your Nomination

You can nominate any person including your spouse, civil partner, partner, boyfriend or girlfriend, children, brother or sister, parents, other relatives, friends or a charity or other organisation.

There is no limit to the number of persons or organisations you can nominate to share the proceeds.

Please use the spaces below to state what proportion you would like each person or organisation to receive.

**In the event of my death I would like my Employee Life Cover from B&CE made payable to the following:**

| Name | Address | Date of Birth | Relationship to you | Split %      |
|------|---------|---------------|---------------------|--------------|
|      |         |               |                     |              |
|      |         |               |                     |              |
|      |         |               |                     |              |
|      |         |               |                     |              |
|      |         |               |                     |              |
|      |         |               |                     | <b>Total</b> |
|      |         |               |                     | <b>100%</b>  |

(Please continue on a separate sheet if necessary.)

## Section 3. Your Declaration

I would like B&CE Benefits Scheme Trustee Limited (the Trustee), to consider those named in Section 2 as nominated beneficiaries for any proceeds payable upon my death from this Employee Life Cover from B&CE in the proportions shown. I understand that the Trustee will give every consideration to my wishes but my nomination is not legally binding on the Trustee.

I understand that this Nomination Form replaces all existing Nomination Forms previously completed in respect of this Cover.

For the purposes of data protection regulations, I agree to you holding and processing this information for the purpose of providing this Cover and paying the proceeds from it.

Please print full name and sign and date below:

Name

Signature

Date



**B & C E Financial Services Limited**  
Manor Royal, Crawley, West Sussex, RH10 9QP.

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