

# NEW OPEN ANNUITY / MULTI-PLATFORM OPEN ANNUITY

## NOMINATION OF DEATH BENEFICIARIES

|            |                      |                |                      |
|------------|----------------------|----------------|----------------------|
| Full Name: | <input type="text"/> | Policy Number: | <input type="text"/> |
|------------|----------------------|----------------|----------------------|

You may request that the lump sum death benefits payable be divided between two or more persons. The proportion that you wish each person to receive should be entered in the third column. This nomination can be changed by submitting a replacement nomination form to us at any time.

In the event of my death I would like any lump sum payable under the New Open Annuity / Multi-Platform Open Annuity to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

The security and safety of your data is very important to London & Colonial. A copy of the London & Colonial Privacy Notice can be found on the website: [www.londoncolonial.com/privacy-notice](http://www.londoncolonial.com/privacy-notice).

|                               | Full name and address of beneficiary | Relationship to you | % |
|-------------------------------|--------------------------------------|---------------------|---|
| 1                             |                                      |                     |   |
| 2                             |                                      |                     |   |
| 3                             |                                      |                     |   |
| 4                             |                                      |                     |   |
| 5                             |                                      |                     |   |
| Total: (Must add up to 100%): |                                      |                     |   |

|           |                      |       |                      |                      |                      |
|-----------|----------------------|-------|----------------------|----------------------|----------------------|
| Signature | <input type="text"/> | Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-----------|----------------------|-------|----------------------|----------------------|----------------------|

We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

Please return the completed form to:

London & Colonial Assurance PCC Plc

Rockwood House, 9-17 Perrymount Road, Haywards Heath, West Sussex, RH16 3TW



PART OF



LONDON & COLONIAL ASSURANCE PCC PLC

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Gibraltar company registration number: 80650  
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