



WHEN TO USE THIS FORM

You should use this form if you have not already nominated or wish to change the beneficiaries for the monies payable in the event of your death.

Please read these important Notes first:

- 1. When completed, this form should be returned to Capita. The details you provide will be held electronically unless this form is enclosed in a sealed envelope marked 'Only to be opened in the event of my death', with your full name and National Insurance Number.**
- 2. Should you wish to return the form to Capita electronically please complete the form online and return to Capita. There is no need to print, sign and then return the form your typed name at the foot of the form will be accepted by Capita. If you would prefer to return the form in an enclosed envelope Capita will require a wet signature by you.**
- 3. The Scheme provides, inter alia, that capital death benefits are held by the Trustees under a discretionary trust and are paid or applied to or for the benefit of persons selected by the Trustees, or to your estate.**
- 4. The Scheme is designed to minimise the effect of Inheritance Tax in respect of benefits payable on death; as the law stands it is understood that these death benefits would not be subject to this tax. For this reason you have no legal control over the disposition of death benefits, eg. by Will.**
- 5. To assist the Trustees you may use this form to indicate how you would like death benefits to be disposed. Any views which you express can be changed at any time.**
- 6. Please note that the definition of beneficiary differs for the lump sum and pension. The definition for the pension is detailed in 6 below. The definition for the lump sum is as detailed in 7 below.**
- 7. The person nominated to receive a Dependants Pension must qualify as a dependant. Your nominated Dependant can be your spouse, a child or any other person who is financially dependent on you for the provision of all or any of the ordinary necessities of life. Note that if the nominated Dependant is a child then this pension will normally cease on the child attaining age 18 or 23 if in full time education.**
- 8. Persons nominated to receive a Lump Sum Death Benefit can be one or more of: (i) any relative or dependant (ii) any person, charity, association, club, society or other body, and (iii) any person, charity, association, club, society or other body entitled to any interest in the member's estate under any Will or towards whose maintenance or support the member has contributed in cash or otherwise.**
- 9. The persons who may be selected by the Trustees as beneficiaries include persons related to you, persons dependent on you or for whom you might have been expected to provide and persons entitled to any interest in your estate under your Will. It will assist the Trustees if you use the space provided under "Relationship" to indicate the relationship, if any, or other ground for selection by the Trustee of the person or persons named.**



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UPM - Kymmene UK Pension Scheme
Beneficiaries Nomination Form

Please return forms to: UPM-Kymmene UK Pension Scheme, Capita Employee Benefits, PO Box 555, Stead House, Darlington, DL1 9YT. Or complete the document, save it on your PC drive and click the link to return this form via email attachment to upmpensions@capita.co.uk. **Please ensure you read Note 1 above.**

Part A Personal Details

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	NI Number	<input type="text"/>
Day Telephone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

Part B Lump Sum Nomination Details

I nominate the person or persons below to receive any lump sum payable in the event of my death.

Name of Nominated Beneficiary	Relationship	Address	Proportion of Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Part C Dependants' Pension Nomination Details

I nominate the following person as my Dependant in respect of any pension payable in the event of my death.

Name of Dependant	Relationship
<input type="text"/>	<input type="text"/>
Address of Dependant	Date of Birth
<input type="text"/>	<input type="text"/>

I understand that in exercising their discretion in distributing any benefits, the Trustees will not be bound by this expression of my wishes.

Signature: _____ **Date:** _____

Name: _____

The information provided will be processed by Capita for purposes only associated with the UPM - Kymmene UK Pension Scheme and will be used in accordance with its policies and the Trust Deed & Rules and the Data Protection Act 1998.