

*(Please complete using black ink)*

Surname ..... Title ..... Staff Number .....

Forenames ..... Date of Birth .....

Address .....

County ..... Post Code .....

In the event of my death I would wish that the Trustees pay any lump sum death benefits to the following beneficiaries in the proportion(s) shown. Beneficiaries can include any person, club, charity or society.

Full Name of Beneficiary	Address	%
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**How this form will be used**

This form is addressed to the Trustee of the BBC Pension Scheme (the "BBCPS Trustee") and/or to the Trustees of the BBC Life Plan Group Life Scheme (the "Group Life Scheme Trustees"), who are referred to in this form together as the "Trustees".

In the event of your death, the BBCPS Trustee and/or the Group Life Trustees (as appropriate) will give careful consideration to your wishes set out in this form when deciding how to distribute any benefits which are payable, but cannot be bound by them. Payment of b

**Data Protection**

By completing this form, you will be providing the Trustees with personal data about yourself and about beneficiaries named on the form. The Trustees process this personal data so that they can pay the b