

Nomination of beneficiary form

Death in service lump sum life cover

This form is for letting us know who you would like your lump sum life cover paid to if you were to die while employed by Sainsbury's/Argos.

J Sainsbury Pension Scheme Trustees Limited (The Trustee) will decide who will receive any payments and cannot be bound by your decision, but they will take your wishes into consideration.

This form is NOT for nominating who you would want to receive your pension pot from Legal & General. There is a separate form for this on www.jspensions.co.uk if you are employed by Sainsbury's or www.legalandgeneral.com/argos if you are employed by Argos.

Your name:		National Insurance number:	
Home address:			
	Postcode:		

1. I nominate the person(s) below to receive the lump sum life cover if I die while employed by Sainsbury's/Argos:

If you wish to nominate additional people, please fill in their details below and the proportion (or percentage) of your lump sum that you would like them to receive.

Under the life cover rules, a range of potential beneficiaries can be considered to receive any lump sum payment in the event of your death (including, but not limited to, your spouse, children, other family members, anyone you nominate on your nomination form).

Nomination for lump sum

Full name of nominee:			
Home address of nominee:			
	Postcode:		
	Proportion:	%	

Additional nominees

Full name of nominee:			
Home address of nominee:			
	Postcode:		
	Proportion:	%	

Full name of nominee:			
Home address of nominee:			
	Postcode:		
	Proportion:	%	

continued overleaf



2. I understand that the Sainsbury's Trustee has complete discretion over who receives the lump sum life cover and, although my nomination will be taken into consideration, it is not legally binding on them.

3. I reserve the right to cancel this nomination at any time.

Special circumstance(s) for consideration (please continue on a separate sheet if necessary):

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I confirm that in completing and signing this form I consent to my personal data being processed by Willis Towers Watson and on behalf of the Trustee and the Sainsbury's Pensions Department and its advisers for the purpose of administering death benefits payable in respect of me.

You have a right to withdraw your consent given under this form at any time, although processing by the parties named above after you give your consent but before you withdraw it will be lawful. If you would like to withdraw your consent please confirm this by emailing Pensions@sainsburys.co.uk or by confirming in writing that you are withdrawing your consent to the address shown below.

Your signature:	
Date:	

Please return your completed form to:

Sainsbury's Pensions Department
33 Charterhouse Street
London
EC1M 6HA

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