

**TO BE COMPLETED BY THE MEMBER IN BLOCK CAPITALS**

Surname: ..... Title: \*Dr/Mr/Mrs/Miss/Ms \*please delete as appropriate

Forename(s): .....

Address: .....

..... Post Code .....

Employee No: 

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N.I. No: 

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To: The Trustee, Nortel Networks UK Pension Plan

With regard to any pension benefit that may become payable on my death, in the absence of an Eligible Spouse,

I HEREBY NOMINATE:

Full Name of Dependant: .....

Address: .....

..... Post Code .....

Date of Birth: 

DAY	MTH	YR

 \*Male / Female

Relationship to member: .....

I HEREBY CERTIFY that the Dependant is, at the date of this nomination, wholly or mainly dependent on me for the provision of the ordinary necessities of life.

I give the following details in support of this nomination:

.....  
 .....

I AGREE to give such further information as may at any time be required by the Trustee in respect of this nomination. I appreciate that this nomination is subject to consideration by the Trustee both at the time of application and in the event of my death.

Signed: ..... Date: .....

*ALL INFORMATION WILL BE KEPT CONFIDENTIAL*

**WHEN COMPLETED HAND THIS FORM TO YOUR HUMAN RESOURCES MANAGER**

HUMAN RESOURCES MANAGER	
Name (Caps)	ESN/Phone No.
Signature	Date DAY / MTH / YR

DISTRIBUTION	DATE REC'D
PENSION ADMIN	DAY   MTH   YR
PAYROLL	DAY   MTH   YR
HUMAN RESOURCES DEPT	DAY   MTH   YR
MEMBER	DAY   MTH   YR