

**BENEFICIARY FORM**

In the event of my death, I should like the Death Benefit Trustees to consider making payment of any death benefits arising under the Liberty Pension Scheme to the following: -

Full Name	Address	Date of Birth	Relationship	%age

Signed: \_\_\_\_\_

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to Liberty SIPP Limited, Suite 3 Havana House, Cuba Industrial Estate, Stubbins, Bury, BL0 ONE