Melliber 8 wishes co	nicei inng the disposal o	i me Deam in Kem	ement benefits
Please complete this form in full	by using BLOCK CAPITALS. Please	send the completed form to the P	ensions Office.
Full Name			
Job Title at Retirement			
Nominated baneficiary	or beneficiaries for Death i	n Ratirament I umn Su	m
I wish to nominate the fol lump sum arising out of m	llowing beneficiaries (who do not make the property of OSPS as the property to date if your circumstances	not have to be dependents result of my death after re) to receive all or part of any etirement. Please remember to
Beneficia	ry's full name	Relationship to you	Proportion of lump sum
I would like to nominate the spouses, registered civil parts	or beneficiaries for Death in the following to receive a dependent children that the trustees have absolute described to the control of the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following to receive a dependent children that the trustees have absolute described to the following that the trustees have absolute described to the following that the trustees have a dependent children that t	lent's pension following my under 18 at the time of o	leath are normally entitled to
Beneficiary's full name			Relationship to you
	that the lump sum nomination em. This form replaces any prev		
Signed			
Signature of witness (not a nominated beneficiary)			
Name of witness (in block capitals)			
Date jointly signed			
NO. 12/1/10		Ogbo b. c	
NOM2/May19		OSPS Refer	rence