

# NOMINATION FORM

## VMWARE UK LIMITED GROUP LIFE ASSURANCE SCHEME

To: The Trustees of the VMware UK Limited Group Life Assurance Scheme

Dear Sirs,

I refer to my membership of the above scheme. I fully understand that the payment of the death benefit is at the Principal Employer's (VMware UK Limited acting in their capacity as Trustees) complete discretion, and completion of this form will not bind the Principal Employer in any way.

It is my wish that you consider the person or persons named below as possible recipients of any benefit payable on my death under the discretionary trusts of the above scheme:

<b>Name</b>	_____	<b>Percentage of Benefit</b>	_____ %
<b>Address</b>	_____	(if more than one name)	
	_____	<b>Relationship (if any)</b>	_____

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<b>Name</b>	_____	<b>Percentage of Benefit</b>	_____ %
<b>Address</b>	_____	(if more than one name)	
	_____	<b>Relationship (if any)</b>	_____

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<b>Name</b>	_____	<b>Percentage of Benefit</b>	_____ %
<b>Address</b>	_____	(if more than one name)	
	_____	<b>Relationship (if any)</b>	_____

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<b>Name</b>	_____	<b>Percentage of Benefit</b>	_____ %
<b>Address</b>	_____	(if more than one name)	
	_____	<b>Relationship (if any)</b>	_____

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### Notes

1. In the event of any changes in circumstances it is your responsibility to see that any alteration in your wishes is made known to the employer by submitting a further form which will be assumed to cancel this one.
2. The information on this form will be treated as confidential. If you wish you may place it in a sealed envelope and clearly state on the envelope "Nomination by <name> made on <date>".

This sealed envelope will not be opened unless a death benefit becomes payable.

**Staff Name** (in block capitals) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_