

## SODEXO LIFE ASSURANCE NOMINATION FORM

Please read this form carefully, complete in full and return to  
UK Pensions Team, Sodexo, 310 Broadway, Salford, M50 2UE or email to [LifeAssurance.UKandIE@sodexo.com](mailto:LifeAssurance.UKandIE@sodexo.com)

### Personal Details

Title

Employee Number

Forename(s)

Surname

Date of Birth

National Insurance Number

**To:** The Trustees of the 'Sodexo Life Assurance Trust/AIG Master Trust'

I would like the under-mentioned person(s) to receive any life assurance benefits payable on my death in accordance with the rules of the Trust. I understand that in exercising your discretion on the payment of such benefits you will not be bound by this expression of my wishes, but I request you to bear them in mind.

1.

Full Name of Beneficiary
Address
Relationship to Myself
Proportion of Benefit Payable                      %

2.

Full Name of Beneficiary
Address
Relationship to Myself
Proportion of Benefit Payable                      %

Please see page overleaf if you wish to add any further beneficiaries.

The Trustee will collect and process information about you that may be subject to data protection laws. For more information about how they use, disclose and protect your personal information and the legal basis to use your information, please contact [LifeAssurance.UKandIE@sodexo.com](mailto:LifeAssurance.UKandIE@sodexo.com).

**Signature**

**Date**

3.

Full Name of Beneficiary	
Address	
Relationship to Myself	
Proportion of Benefit Payable	%

4.

Full Name of Beneficiary	
Address	
Relationship to Myself	
Proportion of Benefit Payable	%

**Signature**

--

**Date**

--