

# MetLife Retirement Portfolio

## Beneficiary Nomination Form

Beacon House,  
27 Clarendon Road,  
Belfast BT1 3BG

0800 022 3131  
www.metlife.co.uk

**For the payment of death benefits**

### Before you start

This form can be used to provide a new nomination in respect of any death benefits payable from your Retirement Portfolio, or to replace an existing nomination.

## 1 About you

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - *please specify*

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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National Insurance Number

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MetLife policy number

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Marital status

☐ Single ☐ Married ☐ Civil Partnered ☐ Widowed ☐ Divorced ☐ Dissolved Civil Partnership

Permanent residential address

City	Country	Postcode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

Would you nominate:

☐ one or more individuals - go to section 2 ☐ a Trust - go to section 3 ☐ a charity - go to section 4

## 2 Your nominated beneficiary / beneficiaries

### First beneficiary

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - *please specify*

First name(s)

Surname

Permanent residential address

City

Country

Postcode

Date of birth

Nationality

Relationship to you - Son, granddaughter etc.

Percentage share\*

 %

### Second beneficiary

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - *please specify*

First name(s)

Surname

Permanent residential address

City

Country

Postcode

Date of birth

Nationality

Relationship to you - Son, granddaughter etc.

Percentage share\*

 %

### Third beneficiary

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - *please specify*

First name(s)

Surname

Permanent residential address

City

Country

Postcode

Date of birth

Nationality

Relationship to you - Son, granddaughter etc.

Percentage share\*

 %

**Fourth beneficiary**

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - *please specify*

First name(s)

Surname

Permanent residential address

City	Country	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Relationship to you - Son, granddaughter etc.

Percentage share\*

	%
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**\*Total % shares for all beneficiaries must equal 100%**

### 3 Nominating a Trust

Name of Trust

Date Trust established

D	D	M	M	Y	Y	Y	Y
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#### First Trustee

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other - <i>please specify</i>
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First name(s)

Surname

Permanent residential address

City	Country	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Second Trustee

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other - <i>please specify</i>
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First name(s)

Surname

Permanent residential address

City	Country	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Third Trustee

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other - <i>please specify</i>
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First name(s)

Surname

Permanent residential address

City	Country	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Fourth Trustee

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other - <i>please specify</i>
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First name(s)

Surname

Permanent residential address

City	Country	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 4 Nominating a charity/charities

Where you have no dependants you may like to nominate one or more charities to receive a lump sum death benefit on your death.

### First charity

Name of charity

Percentage share

 %

Permanent residential address

City

Country

Postcode

### Second charity

Name of charity

Percentage share

 %

Permanent residential address

City

Country

Postcode

## 5 Your declaration

### Changing your nomination

The Scheme Trustee will refer to your latest nomination when they are notified of your death. We recommend you review your nomination from time to time – especially if your circumstances change. You can let us know about any changes to your chosen beneficiaries by writing to us or filling in a new Nomination form.

### Declaration

If I still have assets in my MetLife Retirement Portfolio when the Scheme Administrator is notified of my death, I understand they will, acting on the instructions of the Scheme Trustee and subject to any relevant taxes, pay a lump sum and/or income benefits.

I understand the Trustee's discretion is absolute, but I wish the Trustee to consider making payment in line with my wishes as indicated in this form.

Member signature

Date

### MetLife Sales Desk

(Pre-sale information for Financial Advisers)

One Canada Square, London E14 5AA

Tel: 0800 022 3131

Email: salesresource@metlife.com

### MetLife Customer Service Centre

(Post-sale information for Financial Advisers and policy holders)

Beacon House, 27 Clarendon Road, Belfast BT1 3BG

Tel: 0800 022 4443

Fax: 0289 023 2965

Email: customerservice@metlife.co.uk

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