

2. DETAILS OF YOUR NOMINATIONS

In the event of my death, I wish the Trustee to consider paying any lump sum death benefits to, or for the benefit of, the following people in the proportions shown:

Title Mr Mrs Miss Ms Dr Other
Relationship(s) to me/status
Full name
House Number/Street
Village/Town/City
County
Postcode Percentage of benefit*

Title Mr Mrs Miss Ms Dr Other
Relationship(s) to me/status
Full name
House Number/Street
Village/Town/City
County
Postcode Percentage of benefit*

Title Mr Mrs Miss Ms Dr Other
Relationship(s) to me/status
Full name
House Number/Street
Village/Town/City
County
Postcode Percentage of benefit*

*** Totals must add up to 100%**

Please note: Your nominations need not be limited to just 3 people. If you have more please write them on a separate piece of plain paper and enclose it with this Form.

3. YOUR DECLARATION

This nomination cancels any previous nominations I have made. I understand that this is only an expression of my wishes which is not binding on the Trustee.

Your signature Date / /

**When you have completed this Form, please send it to:
BAA Pensions Team, Equiniti Paymaster, Sutherland House, Russell Way, Crawley, RH10 1UH**

You may wish to keep a copy of this form for your records.

You may change your expression of wish at any time. If you wish to do so, simply complete and return another 'Expression of Wish' form. Further copies of the form are available on request from the Pensions Department or, alternatively, may be downloaded from the BAA intranet site (HR/RDMP/Pensions/Nomination For Death Benefits).