Please read these notes before filling in this form.

You should use this form for:

- the Scottish Equitable Personal Pension Scheme, and/or
- the Scottish Equitable Self-administered Personal Pension Scheme, and/or
- the Scottish Equitable Stakeholder Scheme

In this form, where we refer to 'Scheme', we mean one of the above schemes.

Please note that this nomination will apply to all plans you have under the Scheme. For instance, if you’re a member of the Scottish Equitable Personal Pension Scheme and have an Individual Personal Pension Plan, a Group Personal Pension Plan, Retirement Control Plan or Life Protection with Tax Relief Plan, this nomination will apply to all of the plans you have. Similarly, if you’re a member of the Scottish Equitable Self-administered Personal Pension Scheme and have a Flexible Pension Plan, a Retirement Control Plan, a Group Self-invested Personal Pension Plan or a Reflex Control Plan, the nomination will apply to all of the plans you have.

You should consider completing this form to indicate who you would like to receive any lump sum benefit (other than contracted-out benefit) on your death. Although Scottish Equitable plc, as a scheme administrator, may take your wishes into account, under the rules of the Scheme the final choice rests with the scheme administrator.

This nomination revokes any previous nomination you’ve made and any subsequent nomination you make will revoke this one.

Please make sure you name all individuals who you would like to receive a lump sum. If you wish to nominate more than four people, please set out all of the necessary information on a separate sheet, which you should then sign and date.
To the Scheme Administrator

1. Plan details

Planholder’s full name (block capitals) 

<table>
<thead>
<tr>
<th>Plan number(s)</th>
<th>Scheme number (for a group pension plan only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2. Details of beneficiaries

I (the planholder named above) would like the scheme administrator to pay any lump sum death benefit (including return of retirement fund other than a contracted-out benefit) to the beneficiaries named and in the proportions set out below:

<table>
<thead>
<tr>
<th>Full forename(s)</th>
<th>Surname</th>
<th>Relationship to me</th>
<th>Percentage of benefits %</th>
</tr>
</thead>
<tbody>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Declaration

In this declaration, 'I' means the planholder and 'you' means Scottish Equitable plc.

I understand the scheme administrator of each scheme has absolute discretion as to which of the beneficiaries, if any, it chooses.

This nomination is only an expression of my wishes.

I understand this nomination revokes any and all previous nominations I have given. If I want to change my nomination, I understand that I can complete a new nomination. The scheme administrator will look at the last dated form.

Unless I let you know otherwise in writing with this form, this nomination covers all lump sum benefits (other than contracted-out benefit) under the Scheme.

Date (dd/mm/yyyy)

Signature

If this nomination relates to an individual pension plan, please return the completed form to:

Individual Pensions Servicing
Customer Services
AEGON Scottish Equitable
Edinburgh Park
Edinburgh
EH12 9SE

If this nomination relates to a group pension plan, please return the completed form to:

Group Pensions Servicing
Customer Services
AEGON Scottish Equitable
Edinburgh Park
Edinburgh
EH12 9SE