

NOMINATION OF BENEFICIARIES

LUMP SUM DEATH BENEFITS

In the event of your death, a number of benefits may be payable in relation to the above Scheme and this Form enables you to nominate your proposed beneficiaries.

These benefits are written under Trust and governed by the Trustees of the Scheme. Completing this Form will assist the Trustees in exercising their duties. The Trustees have discretion over who will receive these benefits, and although they will take into account your wishes, they are not legally bound by them. This is so that any inheritance tax liability is minimised.

In addition, there may also be payable on death, a separate spouse's pension, if you are married or a pension payable to a Civil Partner.

Once you have completed this Form, **please return it to:**

Human Resources Department
Marylebone Cricket Club
Lord's Ground
London
NW8 8QN

Complete this Form using **BLOCK CAPITALS**.

YOUR DETAILS

Title _____

DOB (DD/MM/YYYY) _____

First & Surname _____

NI Number

Telephone Number _____

Email Address _____

Current member of the MCC Pension Scheme ☐ Yes ☐ No

Complete this Form with details of who you would like the Trustees to consider for any lump sum death benefits due from the Scheme. The Trustees can decide who will receive these benefits but will take your wishes into account, although they do not legally have to follow them.

NOMINATION ONE

Title, First & Surname _____

DOB (DD/MM/YYYY) _____

NI Number

Sex ☐ Female ☐ Male

Relationship to you _____

Address _____

Postcode _____

Email Address _____

Telephone _____

Percentage of sum _____ % Not more than 100% for all nominations

☐ I confirm that the individual named here as my 'nomination one' has consented to me providing his or her details to MCC for the purposes of being nominated as a proposed beneficiary in relation to the Scheme.

NOMINATION TWO

Title, First & Surname _____

DOB (DD/MM/YYYY) _____

NI Number

Sex ☐ Female ☐ Male

Relationship to you _____

Address _____

Postcode _____

Email Address _____

Telephone _____

Percentage of sum _____ % Not more than 100% for all nominations

☐ I confirm that the individual named here as my 'nomination one' has consented to me providing his or her details to MCC for the purposes of being nominated as a proposed beneficiary in relation to the Scheme.

If you wish to nominate more than two people, please contact the Payroll & Pensions Department (details provided below) for a second Nomination of Beneficiaries Form.

If your circumstances change, or you change your mind about who should receive your death benefits, please ask the Payroll & Pensions Department for another Nomination of Beneficiaries Form. When the Payroll & Pensions Department receives the new Form, any previous one will automatically be superseded and destroyed and/ or deleted. It is your responsibility to keep your Nomination of Beneficiaries Form up to date.

HOW YOUR PERSONAL INFORMATION IS USED

MCC and the Trustees take your privacy very seriously. MCC and the Trustees will hold and process your personal information, and that of your proposed beneficiaries, to enable your benefits to be handled, including the processing of any claims and the making of payments only. MCC will not share your personal information or this Form with any third parties. MCC will ensure that your personal information, and that of your proposed beneficiaries, is kept secure and safe. You are entitled to receive a copy of your personal information held by MCC on request and to correct any inaccuracies in it. Please see MCC's Privacy Policy on www.lords.org for more information. If you have any questions about this Form, please contact MCC's Payroll & Pensions Department via email at pensions@mcc.org.uk or via telephone on 02076168754.

SIGN AND DATE

I understand that if I die any lump sum death benefit due from the Scheme will be paid by the Trustees as they decide. I would like them to consider the people named above when deciding who should receive the benefits. This Form supersedes and replaces any earlier nominations I have made.

Signed _____

Date _____