

Nominations Form



Please quote your Policy Number

Signed

Dated

Name of witness: (please print)

Signature of witness:

Dated:

Address:

Postcode:

I, (full name),

residing at

.....

.....

being the Policyholder, DO HEREBY NOMINATE my

.....

(relationship, if any, of nominee to the Policyholder),
(name in full of nominee)

.....

residing at

Telephone number.....

and now at the age of years, to receive the money

(not exceeding the sum for the time being prescribed by law)

payable on my death, under the rules of the Insurer.

Insured and Administered by PG Mutual

HMCA Services is an Introducer Appointed Representative of PG Mutual, the trading name of Pharmaceutical & General Provident Society Ltd.

Contact: 01727 228571, ip@hmca.co.uk

Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority, Firm Reference Number 110023.

May 2016 NOMINATION FORM

