

Death Grant Nominee form

I (name).....

Of (address).....
.....
.....
.....

Nominate

(name).....

Of (address).....
.....
.....
.....

To receive payment of my Death Grant in the event of my Death. I hereby agree to update the Union, via my Branch Secretary, of any changes of nominee or address as required.

Signed

Please return the completed form to: Branch Secretary. PO Box 438, Peterborough. PE4 5PE