

## Nomination Form – Specified Sum

Dentists' Provident  
9 Gayfere Street  
London  
SW1P 3HN

I, \_\_\_\_\_  
of \_\_\_\_\_  
being a member of the Society (membership number \_\_\_\_\_), revoke all  
previous nominations and hereby nominate:

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
Postcode \_\_\_\_\_  
As the person to whom €/\$\_\_\_\_\_ of the money payable on my death shall be  
paid.

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
Postcode \_\_\_\_\_  
As the person to whom €/\$\_\_\_\_\_ of the money payable on my death shall be  
paid.

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
Postcode \_\_\_\_\_  
As the person to whom €/\$\_\_\_\_\_ of the money payable on my death shall be  
paid.

Date \_\_\_\_\_  
Signature \_\_\_\_\_

### In Witness:

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Postcode \_\_\_\_\_  
Signature \_\_\_\_\_

**Nomination Form – Unspecified Sum**

Dentists' Provident  
9 Gayfere Street  
London  
SW1P 3HN

I, \_\_\_\_\_  
of \_\_\_\_\_  
being a member of the Society (membership number \_\_\_\_\_), revoke all  
previous nominations and hereby nominate:

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
Postcode \_\_\_\_\_

As the person to whom any sum of money payable on my death, not exceeding the  
limit for the time being specified by law shall be paid.

Date \_\_\_\_\_  
Signature \_\_\_\_\_

**In Witness:**

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Postcode \_\_\_\_\_  
Signature \_\_\_\_\_

## **IMPORTANT NOTES**

- Completing the attached form allows you to advise Dentists' Provident of your wishes in the event of your death. The nomination allows us to make a payment to your next of kin / nominees without having to go through all the legal formalities which may delay the release of funds
- The Administration of Estates (Small Payments) Act 1965, as amended currently limits the amounts that can be paid out in this way to £5,000.
- Any surplus funds above the statutory limit and any funds remaining after paying out to your nominee/s will be paid to your executors.
- Any person nominated must not, at the date of the nomination, be an employee or director of Dentists' Provident unless they are a partner, parent, child, sibling or otherwise closely connected by birth or marriage to the person making the nomination.
- You may nominate an individual below the age of 16, however the funds will be paid to the minor's parent or guardian.
- You may revoke or vary the nomination by notifying Dentists' Provident in writing at any time. If you marry or divorce after signing this nomination, this will result in the automatic cancellation of all previous nominations made by you.
- All nominations must be witnessed by an individual who is not the beneficiary, partner, parent, child, sibling or otherwise closely connected by birth or marriage to you.
- Nominees may be required to complete an indemnity form for any payment they receive.
- Nominees will be required to provide evidence of identity prior to release of funds.