

Tata Steel UK Group Life Assurance

Nomination Form

In the event of my death, it is my wish that any lump sum benefits payable under the life assurance policy should be paid to the following:

Full Name	Relationship To You (if any)	Address	Percentage of Lump Sum

I understand that my wishes are not binding on the Company and I may, at any time, cancel or amend this/these nomination(s) by submitting another Nomination Form.

Employee Signature		Date
Employee Full Name (Please print in CAPITAL letters)		
SAP Number	National Insurance Number	

Please return the completed form to Tata Steel, HR Shared Services, ATCE, Port Talbot Works, Port Talbot, SA13 2NG or askhrsscwest@tatasteelurope.com