

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

Sovereign Assured Partners Limited is an Introducer Appointed Representative of PG Mutual, the trading name of Pharmaceutical & General Provident Society Ltd. Sovereign Assured Partners Limited is a wholly owned subsidiary of Sovereign Health Care. Sovereign Assured Partners Limited is registered in England no 10224830. Registered office: 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.

Contact: 01727 228559, IPP@sovereignassured.co.uk

Pharmaceutical & General Provident Society Ltd is a Friendly Society incorporated under the Friendly Societies Act 1992, Registered Number 462F. Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA.

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

October 2022 NOMINATIONS FORM

