

Over 50s Life Cover Form of nomination

To nominate a nominee to your policy please complete and return the attached Form of Nomination. Endorsements will then be issued confirming the nomination(s).

Important information (please read the notes carefully then sign and date the document)

1. The maximum sum which can be nominated under the Friendly Societies Act 1992 and under the Society's rules is £5,000. This limitation covers the total of all your policies with OneFamily, e.g. if you hold three policies for £5,000 each, the total you can nominate is £5,000 and not £15,000 (3 x £5,000). Any amount in excess of £5,000 will be paid to your personal representative/administrator.
2. If you have more than one policy with OneFamily you may make nominations under any or all of those policies.
3. You may vary or revoke any nomination by written notice to OneFamily, 16-17 West Street, Brighton, BN1 2RL. However the £5,000 limit mentioned in 1. above applies.
4. If, when revoking a nomination, you have any other existing nominations then, unless you revoke these, they will remain effective, to the extent that the aggregate total of your nominations does not exceed £5,000.
5. If you have nominated your spouse and get divorced the nomination remains in place and does not automatically carry forward to a new spouse.
6. Marriage revokes any previous nominations. In this event you should inform the Society and you may make a new nomination/nominations.
7. The nominated payee can only keep the money if it is due to them under the terms of your will or, in the absence of a will, under the laws of intestacy.
8. The payee you nominate should be over the age of 16. We cannot pay the proceeds of your policy to a child under 16.

The following applies to Over 50s Life Cover policies taken out on or after 13 March 2012:

9. If you have made a claim on your policy for serious illness then the benefit paid to your nominated person may be reduced.
10. If you make a claim on your policy for terminal illness then your policy will be closed.

Please return to:

**OneFamily,
16-17 West Street,
Brighton BN1 2RL**

If you require more information please call us on 0800 085 0700

*We might record your call to help improve our training and for security purposes. We hope you don't mind. Calls are normally free from UK landlines and from mobile phones. Lines open: Monday – Friday 9am-7pm, Saturday 9am-1pm.

OneFamily is a trading name of Family Assurance Friendly Society Limited (registered and incorporated under the Friendly Societies Act 1992, registered number 939F). Registered in England & Wales at 16-17 West Street, Brighton, BN1 2RL, United Kingdom. Family Assurance Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

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If you wish to nominate a named person please complete and SIGN this nomination form. If the nomination form is not signed the nomination will not take effect. Please read the Important Information notes overleaf before completing the form.

1. Policyholder details

Name(s) **Date of birth**

Policy number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Nominated Persons

In accordance with Schedule 9 of the Friendly Societies Act 1992, I hereby nominate the nominee (s) named below to receive any monies payable under the above mentioned policy(ies) upon my death, shared as follows:

Please do not use this form, if you are also completing a declaration of trust in respect of the policy.

Title	First name	Middle initial(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address	<input type="text"/>	
<input type="text"/>	Postcode	<input type="text"/>

Title	First name	Middle initial(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address	<input type="text"/>	
<input type="text"/>	Postcode	<input type="text"/>

Please note: If you wish to nominate a charity, please complete the form above with the charity name.

Policyholder Signature **Date**