

NOMINATION FORM

for sums payable under rule 20



Title (please tick) Dr. Mr. Mrs. Miss. Ms.

Surname _____ Forenames _____

Address _____

_____ Postcode _____

Membership Number _____ Precise Occupation _____

I _____
being a member of The Dentists' and General Mutual Benefit Society Limited, hereby

*a) nominate _____ ,
(relationship _____),
residing at _____

and now at the age of _____ years, to receive a sum of money payable, at my death, under the Rules of the Society, not exceeding the limit specified for the time being by law,

*b) revoke the nomination made in favour of _____ dated _____

*c) vary the nomination made in favour of (Details of the variation must be indicated below).
dated _____

* Complete one section only, unless you are withdrawing one nomination and submitting another.
This form should be sent as soon after completion as possible to the General Secretary for registration.
Any additional information, or details of additional nominees for a specific sum (lower than the current legal limit) should be shown below.

Member's Signature _____ Date _____

Witness's Signature _____ Date _____

Witness's Address _____

Use this section to indicate any additional information, or details of additional nominees, or nominations for a specific sum which must be lower than the current legal limit. If you are unsure of that figure, please contact the Society's office. You should also use this section to indicate any variation to your existing nomination.

The Dentists' & General Mutual Benefit Society Limited

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Incorporated in 1999 under the Friendly Societies Act, 1992 (No. 456F)
Member of the Association of Friendly Societies. Authorised and Regulated by the Financial Services Authority.