

# Nominations Form

Please quote your PG Mutual Membership Number

I, ..... (full name),

residing at .....

.....

.....

being a Member of PG Mutual, DO HEREBY NOMINATE my

.....

(relationship, if any, of nominee to Member), (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 Society.

Signed

Dated

Name of witness: (please print)

Signature of witness:

Dated:

Address:

Postcode:

Tel: **01727 840095** Fax: **01727 832710** Email: [info@pgmutual.co.uk](mailto:info@pgmutual.co.uk)

PG Mutual is the trading name of Pharmaceutical and General Provident Society Ltd.  
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Incorporated in the United Kingdom under the Friendly Societies Act 1992,  
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regulated by the Financial Conduct Authority and the Prudential Regulation Authority,  
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January 2017 NOMINATION FORM

