

Nominations Form

Please quote your PG Mutual Customer 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)

(witness **should not** be related to you, living at the same address or in a relationship with you)

Signature of witness:

Dated:

Address:

Postcode:



✉ www.pgmual.co.uk

☎ 0800 146 307

✉ enquiries@pgmual.co.uk

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