

# 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, must be over the age of 16)

.....

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:

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.  
Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA.  
Incorporated in the United Kingdom under the Friendly Societies Act 1992,  
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September 2018 NOMINATION FORM

