Manweb Group of the Electricity Supply Pension Scheme Nomination for Dependant's Pension Benefit

To: The Trustees of the Manweb Group of the ESPS Please use CAPITAL letters to complete this form.

Surname	Mr/Mrs/Miss/Ms
First name(s)	Payroll number
Location	
Where there is no Spouse or Civil Partner, the Rules	of the Scheme provide for all or part of a de-
pendant's pension to be paid at the discretion of the	e Group Trustees. A dependant can include any
person who, in the opinion of the Group Trustees, w of a member.	as wholly or partly dependant upon the earnings
Dependant's Details	
Nama	
Name	
Name	
Address	
Address	
Address Relationship I understand that this request is not binding on the 6	
Address Relationship I understand that this request is not binding on the Gauthorise the Group Trustees and its advisers to he	old, and in the event of my death, to use this infor-
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Address Relationship I understand that this request is not binding on the Clauthorise the Group Trustees and its advisers to he mation in accordance with the requirements of the I	old, and in the event of my death, to use this infor- Data Protection Act, 1998.
Address Relationship I understand that this request is not binding on the Gauthorise the Group Trustees and its advisers to he	old, and in the event of my death, to use this infor-

Please post original signed version of this form to the scheme Administrator below:

Capita Hartshead ScottishPower Pensions Team Hartshead House, 2 Cutlers Gate, Sheffield S4 7TL

Tel Helpline: 0845 601 0577 E-mail Helpline: Scottishpowerpensions@capita.co.uk

