



## EM News Life Assurance Plan Beneficiary Nomination Form

**THIS IS NOT AN APPLICATION TO JOIN THE PLAN.**  
If you would like to join the Plan, please contact the Menzies Pensions Department

From (Your full name): \_\_\_\_\_  
Payroll number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Your home address: \_\_\_\_\_  
Division & location: \_\_\_\_\_

*To: The Company and the Trustees of the Life Assurance Plan*

I wish the following person(s) to benefit in accordance with the Rules of the Life Assurance Plan in the event of my death in service and to cancel any previous wishes I may have expressed in this connection.

I understand that the Trustees and the Company are not bound to act in accordance with this wish in deciding to whom the sums set out in the Rules of the Life Assurance Plan shall be paid.

Full name of beneficiary \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Proportion (%) \_\_\_\_\_

Full name of beneficiary \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Proportion (%) \_\_\_\_\_

Full name of beneficiary \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Proportion (%) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to: John Menzies plc, Pensions Department, 108 Princes  
Street, Edinburgh, EH2 3AA**