

Menzies Pension Fund Group Life Assurance Beneficiary Nomination Form

THIS IS NOT AN APPLICATION TO JOIN THE SCHEME. If you would like to join the Scheme, please contact the pensions department for an application form.

From (Your full name): _____

Payroll number: _____

Date of birth: _____

Your home address: _____

Division & location: _____

To the Trustees and Company: John Menzies Plc, Menzies Pension Fund

I wish the following person(s) to benefit in accordance with the Rules of the Pension Fund and Life Assurance Scheme 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 Pension Fund and Life Assurance Scheme shall be paid.

Full name of beneficiary _____

Address _____

Relationship _____

Proportion (%) _____

Full name of beneficiary _____

Address _____

Relationship _____

Proportion (%) _____

Full name of beneficiary _____

Address _____

Relationship _____

Proportion (%) _____

Your signature: _____ Date: _____

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