

DEATH BENEFIT NOMINATION FORM

A member may notify the Trustees of his or her wishes for the disposal of lump sum death in service benefits payable on death by completing the following declaration.

MEMBER NAME:

SCHEME NAME(S): Ecolab Ltd Group Death in Service Plan

Declaration

Please note that the undermentioned are persons whom I wish the Trustees to consider as possible recipients of any lump sum death in service benefits payable under the Plan(s) and in the proportions shown.

I understand that in exercising their discretion in applying the benefit, the Trustees will not be bound by this expression of my wishes.

	PARTICULARS OF PERSONS	PROPORTION OF BENEFIT (%)
Full Name		
Relationship (if any)		
Address		
Full Name		
Relationship (if any)		
Address		
Full Name		
Relationship (if any)		
Address		

Date

Signature

N.B. If a member's personal circumstances change at any time after returning the form, a new form should be completed without delay.

**To be returned to: Graeme Clinton, Health Solutions, Aon, Metropolitan Building, James Joyce Street, Dublin 1, Ireland
graeme.clinton@aon.ie**