



## NACO Death Benefit Nomination Form

### Notes:

1. This form should only be used by members in the following membership categories: Full Membership, Part Time, Unity Membership, Individual Representation Only, and Contract Membership. Including those on maternity/paternity leave & long term sick leave.
2. If you want your spouse or civil partner to receive 100% of your death benefit you do not need to complete this form, they will automatically receive it.
3. Any previous nominations will be cancelled in favour on this one; any amendments will require a new form to be submitted.
4. You can nominate up to 2 people to receive the benefit. Please inform us of any change of address of your nominee(s).
5. If you nominate 2 people to receive the benefit they will each receive 50%.
6. An individual nomination will not be valid if, at the time of your death:
  - the nominee has died
  - the nominee is convicted of your murder or manslaughter
7. NACO will attempt to pay the death benefit as soon as is practicable possible.
8. Please return this form by post to:

**NACO National Office  
6a Clarendon Square  
Hyde  
Cheshire  
SK14 2QZ**



## Your Details

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NACO  
Membership No.: \_\_\_\_\_

## Nominee Details

### Nominee 1

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to  
member (if any): \_\_\_\_\_



Nominee 2 (optional)

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to  
member (if any): \_\_\_\_\_

Please return this form by post to:

**NACO National Office  
6a Clarendon Square  
Hyde  
Cheshire  
SK14 2QZ**