**Private and Confidential**

Dear Colleague

**Death in Service Benefit**

The Society provides a death in service benefit for all permanent colleagues who have completed 13 weeks employment. The scheme is intended to provide support to a spouse/partner, children or other close relative who is dependent on a colleague’s income following the sudden death of the colleague. The benefit is normally paid as a lump sum that is free of income tax.

The benefit payable provides two years’ gross basic salary on death in service to the spouse/partner and dependents of all permanent full time and part time colleagues, aged 74 and under.

In order for us to register your wishes it would be helpful if you would complete the attached form and enter the details of your spouse/partner and/or dependents who you would wish to benefit from this scheme. These details will be held by personnel services, and will only be varied on your written instruction.

In addition to this benefit, our pension schemes offer additional death in service lump sum payments for members of the schemes.

Yours sincerely

**The Midcounties Co-operative**

**Nomination of Intended Beneficiaries for Life Cover Payment**

**To: HR, Co-op House, Warwick Technology Park, Gallows Hill, Warwick. CV34 6DA**

**Full name:**

**Branch:**

The Midcounties Co-operative death in service benefit offers two years’ basic gross salary to eligible claimants. If you have stated more than one beneficiary, please make clear the precise split of benefits.

Name …………………………… …….. Relationship ………….………..………. % benefit ………………

Address …………………………………………………………………………………………………………..

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Name …………………………… …….. Relationship ………….…………..……. % benefit ………………

Address …………………………………………………………………………………………………………..

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Name …………………………… …….. Relationship ………….……………..…. % benefit ………………

Address …………………………………………………………………………………………………………..

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Name …………………………… …….. Relationship ………….………………... % benefit ………………

Address …………………………………………………………………………………………………………..

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I understand that the Society still retains total discretion in making payments under this scheme.

I understand that a death in service benefit is applicable for all colleagues both full time and part time who have completed 13 weeks employment and are aged 74 and under.

I declare that my nomination will remain in force unless otherwise amended in any way by a subsequent form of written nomination signed by me.

**Signed**  **Date**