|  |
| --- |
| You can use this form to nominate someone with whom we can discuss the details of your policy. We’ll also be able to disclose information relating to your policy to this person.  When you’ve filled in the form, please send it back to us at:  Just, St James's Tower, 7 Charlotte Street, Manchester, M1 4DZ Please note:   * Your nominee won’t be able to amend any aspect of your policy. * To give a person additional authority to act on your behalf, please can you arrange an appropriate Power of Attorney. |

POLICYHOLDER details

|  |  |  |  |
| --- | --- | --- | --- |
| Policy number |  | | |
| Name |  | | |
| Address |  | | |
|  | | |
|  | | |
| Your signature |  | Date |  |

The nominee’s details

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
|  |
|  |
| Relationship to policyholder |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signing gives us consent to hold the details provided, so we can discuss the policy with you. We won’t use your details for marketing - or any other purposes. | | | |
| Nominee’s signature |  | Date |  |