

London DE Limited
25 Hatton Garden
London
EC1N 8BQ
+44 207 859 4754
londonde.com

Nominated Beneficiary

Client Name:

Investment Certificate Number(s):

Beneficiary Name (as it appears on their passport):

Beneficiary Address:

Beneficiary email:

Beneficiary Telephone:

Share of total benefit(%):

I hereby declare that in the event of my death or incapacity the beneficiary nominated on this form shall receive full legal ownership of the investment certificate(s) stated above:

Investor's Signature:

Beneficiary's Signature:

Print Name:

Print Name:

Date Signed:

Date Signed: