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## 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: