



Member Nominated Director Nomination Form

If you would like to be considered for the position of Member Nominated Director on the VGPS Trustee Board, please email your completed form to GroupPensions@vodafone.com by 5pm on 30 April 2021. Your form should include:

- 1 All of the information required in the 'Your details' section;
- 2 A short autobiographical statement detailing why you would like to be considered for the role (see page 2 for further details); and
- 3 Details and signatures of two supporters who are members of the VGPS.

In order for your nomination to be valid, all aspects of this form need to be completed. Please make sure you have filled in the form fully before submitting.

1 Your details

Surname

First name(s)

Home address

Daytime telephone number

Employing company

Job function

Location

National Insurance number

Band

Have you previously been a pension scheme trustee?

Yes

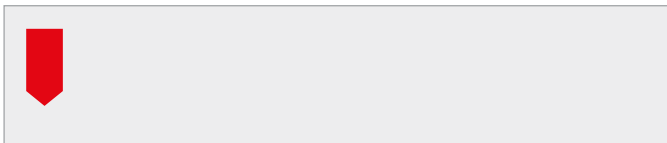
No

2 Your autobiographical statement

Please provide a short autobiographical statement (of no more than 100 words). This should outline a little about you, why you want to become a Trustee Director and what attributes you would bring to the role.

Signature

Date (dd/mm/yy)



How to sign the document

To sign this form electronically, please download and open with Adobe Acrobat Reader.

Once downloaded, simply double click the signature box above and select 'Configure Digital ID' if you don't already have one.

You can then select 'Create a new Digital ID' and follow the instructions provided to create your digital verifiable signature.

If you are unable to sign this form electronically, you can print the form, sign it and send a scanned version to us by email. We will also accept photographs of completed forms via email, providing they are clear and readable.

3 Support section

By signing below, you are confirming that you wish to support the member whose name and details are shown overleaf with his or her nomination for the position of Member Nominated Director on the VGPS Trustee Board, and that you are members of the VGPS.

Supporter one

Full name

National Insurance number

Status (deferred or pensioner)

Signature of supporter one



Date (dd/mm/yy)


Supporter two

Full name

National Insurance number

Status (deferred or pensioner)

Signature of supporter two



Date (dd/mm/yy)

Submit your form

Once fully completed, please send this form to GroupPensions@vodafone.com

You can also use this email address to contact us with any questions you might have about the role or the selection process.