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**Death in Service/Incapacity Support**

**Nomination Form - Commissioned Agents**

**NAGS Member:** please provide your details in the boxes below.

|  |  |
| --- | --- |
| **Name.** |  |
| **NAGS Membership no.** |  |
| **NFU Mutual email address.** |  |
| **NFU Mutual office address & postcode.** |  |
| **Telephone no.** |  |
| **Personal email address.** |  |

**Please provide the details of your nominated NAGS representative in the boxes below.** (Please note this should not be your spouse, a family member or your business partner)

|  |  |
| --- | --- |
| **Name.** |  |
| **Email address.** |  |
| **NFU office address & postcode.** |  |
| **Mobile no.** |  |
| **Office Telephone no.** |  |

**Signed:**

**Date:**