



University of Edinburgh Staff Benefits Scheme Member Nominated Trustee nomination form

Please complete and return this form for the position of Member Nominated Trustee (MNT)
using BLOCK CAPITAL letters.

To the Chair of the Trustees of the University of Edinburgh Staff Benefits Scheme

This is a nomination for (*full name*)

Membership (tick as appropriate):

Active member

Pension member

National insurance number:

Supporting information (e.g. any relevant skills, interests or experience) (maximum 250 words). Please use a separate sheet if necessary:

Confirmation and declaration:

I understand the responsibilities and duties of a Trustee and consent to being nominated. I confirm that I meet the eligibility requirements and am not prohibited by UK legislation from being a trustee. I agree, if selected, to act as a Trustee for four years, or for a shorter time if I cease to be eligible.

Signature _____

Date _____

Please return this Nomination Form to the Secretary to the Trustee either by post to
**University of Edinburgh Staff Benefits Scheme, c/o Hymans Robertson, 2/1 20 Waterloo Street, Glasgow, G2
6DB or by email to UoE@hymans.co.uk.**

The form must be received by 12noon on Friday 14 August 2026.