

Expression of Wishes Form



Personal details

PLEASE COMPLETE THIS SECTION FULLY, USING BLOCK CAPITALS.

Full name: (Block capitals)	Date of Birth:
Address:	

In the event of my death, I wish the Trustees to exercise their discretion under the Scheme Rules so that any LUMP SUM BENEFIT will be applied for the benefit of the person(s) named below. I understand that my wishes may be revoked or revised by me at any time.

I appreciate that I cannot fetter the manner in which the Trustees can exercise their discretion and I also appreciate that there may be legal or statutory limitations preventing the Trustees from taking account of my wishes.

	Name	Relationship	Proportion of Benefit
1			
2			
3			
4			

Signed _____ Date _____

(usual signature)

Please return this form to the Trustees. If you would like an acknowledgement of having received this form, please provide the address to which it should be sent.