

# Expression of Wishes Form



## Personal details

**PLEASE COMPLETE THIS SECTION FULLY, USING BLOCK CAPITALS.**

|                                    |                |
|------------------------------------|----------------|
| Full name:<br><br>(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.