

PLEASE NOTE THAT THIS FORM SHOULD BE RETURNED TO YOUR EMPLOYER FOR SAFE-KEEPING. YOU MAY WISH TO KEEP A COPY BEFORE DOING THIS.

Group Life Expression of Wish Form

Your full name _____

Your employer's name _____

Scheme name _____

Please ensure your full name, your employer's name and the scheme name are completed.

In the event of your death the Trustees will decide who will receive any benefit payable under the terms of the Scheme. They will take into account your circumstances at the time of your death and your wishes as shown in this form.

This form is not legally binding on the Trustees and will be used only as a guide by the Trustees when exercising their discretion under the terms of the Trust

Your Beneficiary(ies).

Who would you like the benefit to be paid to?

Full name and address of your beneficiary	Relationship (if any)	Date of birth	Desired percentage of benefit payable
			(%)
			(%)
			(%)

There is no restriction on the number of beneficiaries that you can nominate. Any additional beneficiaries should be listed on a separate sheet and attached to this form. You can complete a fresh expression of wish form at any time and you will need to give this to your employer.

I understand that, in exercising any discretion, the Trustees will not be bound in any way by my wishes, but I would like the Trustees to bear them in mind. This expression of wish replaces any previously made by me.

Your signature _____ Date _____