

## EXPRESSION OF WISH FORM

Please complete this form to make known your wishes. Please use block capitals and return it to:

**MPS, PO Box 555, Stead House, Darlington, DL1 9YT**

You are also able to nominate your beneficiaries via the secure member site, Orbit. To log in or to register, please click on the “Member log in” icon at the top of the homepage.

<b>Title</b>	<input type="text"/>	<b>Full name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
<b>Post code</b>	<input type="text"/>		
<b>Date of birth</b>	<input type="text"/>		
<b>Member reference number or NI number</b>	<input type="text"/>		
<b>Telephone number</b>	<input type="text"/>		
<b>Email address</b>	<input type="text"/>		

**Declaration:** I understand that the Trustees have the discretion to pay all or any part of any cash sum from the Scheme in the event of my death to any of my relatives or dependants. I declare that it is my wish that any such cash sum should be paid to the person(s) named overleaf in the proportions shown. I understand that the Trustees are not bound by this declaration.

## Nomination of Beneficiaries

Full name & address	Relationship to member	% Proportion
Full name & address	Relationship to member	% Proportion
Full name & address	Relationship to member	% Proportion
Full name & address	Relationship to member	% Proportion
		<b>Total 100%</b>

I understand that I can cancel or vary this declaration setting out my wishes at any time by completing a new Expression of Wish form.

Your signature

Date

Signed in the presence of (signature of witness)

Full name and address of witness

**PLEASE NOTE THAT THE WITNESS SHOULD  
BE INDEPENDENT AND OF NO RELATION  
TO THE PERSONS NAMED AS YOUR  
BENEFICIARIES**