



EXPRESSION OF WISH FORM

Please complete this form to make known your wishes. Please use block capitals and return it to the Scheme's administration office.

Your full name: Mr/Mrs/Miss/Ms

Home address

Post Code

Date of Birth

Member reference number or National Insurance number

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 dependents. I declare that it is my wish that any such cash sum should be paid to the person(s) named below 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total 100%

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: Mr/Mrs/Miss/Ms _____