

Expression of wishes to the Trustees of the Scheme

In the event of my death I would like any benefit under the Scheme to which the discretionary provisions apply to be paid to:

Full Name:	Relationship*:
Percentage of Benefits: _____%	
Address:	

Full Name:	Relationship*:
Percentage of Benefits: _____%	
Address:	

Full Name:	Relationship*:
Percentage of Benefits: _____%	
Address:	

* If not a relation please state briefly how the person named is dependent on you.

If you wish to nominate more than 3 beneficiaries, you should specify the details overleaf.

Please complete in Block Capitals

I understand the above indication of my wishes will be used only as a guide to the Trustees when they exercise their discretions under the governing documents of the Scheme.

Date _____ Signed _____

Member's name _____
(BLOCK CAPITALS)

Please note that this form should be returned to the Scheme Trustees and retained by them.