

Expression of Wishes Form



Group Life

This form should be completed by the member of a group life policy and returned to the trustees for consideration in the event of a claim.

Policy name	<input type="text"/>
Member's forename(s)	<input type="text"/>
Member's surname	<input type="text"/>
Employing company/department	<input type="text"/>
Staff Reference Number/ Employee Reference	<input type="text"/>

In the event of my death, it is my wish that any lump sum benefits payable under the policy should be paid to the following:

Full name	Address	Relationship to me (if any)	Proportion
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Postcode	<input type="text"/>	<input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Postcode	<input type="text"/>	<input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Postcode	<input type="text"/>	<input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Postcode	<input type="text"/>	<input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Postcode	<input type="text"/>	<input type="text"/> %

I am aware that:

- in expressing this wish, it is in no way binding on the trustees;
- the final decision as to whom benefits are payable, will be made by the Trustees after my death; and
- I can cancel or change this statement at any time by notifying the trustees in writing.

Signature

Date