# **Expression of Wish**

# To: The Trustees

Full Name of Member ……………………………………………………………………………………

Member Number ………………………………………

In the event of a lump sum death benefit becoming payable due to my death before reaching normal retirement date, I wish the Trustees to exercise their discretion to make payment of any such benefits as follows:-

1. Name…………………………………………………………………………………………………

Address……………………………………………………………………………………………….

………………………………………………………………………………………………………..

Relationship………………………………………. Percentage of Sum Payable …………………….

1. Name…………………………………………………………………………………………………

Address……………………………………………………………………………………………….

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Address……………………………………………………………………………………………….

………………………………………………………………………………………………………..

Relationship………………………………………. Percentage of Sum Payable …………………….

I understand that this is an expression of wish only, which is not binding and which may, at any time, be revoked or revised in a further letter from me.

Signed…………………………………………………… Date……………………………………