

**THE UNIVERSITY OF SOUTHAMPTON RETIREMENT FUND
(USRF)**

LIFE ASSURANCE EXPRESSION OF WISH FORM

To: The University of Southampton

Full Name of Member

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

1. Name.....Relationship.....

Address.....
.....

Percentage of Sum Payable

2. Name.....Relationship.....

Address.....
.....

Percentage of Sum Payable

3. Name.....Relationship.....

Address.....
.....

Percentage of Sum Payable

4. Name.....Relationship.....

Address.....
.....

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**.....

Witnessed by: (the witness must not be one of the named beneficiaries)

Name.....

Address.....
.....

Witness Signature.....**Date**.....