Expression of Wishes Form



Master Trust Group Life

This form should be completed by the member of a Master Trust group life policy and returned to their employer. In the event of a claim the employer will pass the form to the trustees for their consideration.

| Policy name | |
|------------------------------|--|
| Member's forename(s) | |
| Member's surname | |
| Employing company/department | |

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:

| Address | Relationship to me (if any) | Proportion |
|----------|--|---|
| | | % |
| | | |
| Postcode | | |
| | | % |
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| Postcode | | |
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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 my employer in writing.

| Signature | Date | DD | M | YYYYY |
|-----------|------|----|---|-------|
| | | | | |

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