

Expression of Wish to the Trustees for Aviva Discretionary Trust for Relevant Life Insurance

Notes for completion

Before completing this Expression of Wish, we recommend you seek advice from your legal and financial advisers to ensure it is suitable for your Aviva Discretionary Trust for Relevant Life Insurance. If you do not have a financial adviser, you can visit [unbiased.co.uk](https://www.unbiased.co.uk) to find an adviser in your area. An adviser may charge a fee for their service. **Aviva and its representatives cannot accept any legal responsibility for error or loss, however caused.**

This form is for use by persons who are the Life Covered under a Relevant Life Insurance policy. It is intended to be used with the Aviva Discretionary Trust for Relevant Life Insurance.

This Expression of Wish can be used to inform the Trustees of whom you would like to benefit from the Trust. It is not binding on the Trustees. As a result, the Trustees will still have freedom to decide who amongst the potential beneficiaries is to benefit from the Trust, although they may wish to consider the Expression of Wish before making any decision about benefits.

Please note, the Life Covered is included as a potential beneficiary. Any payments made to the Life Covered in the event of a terminal illness/critical illness/employee significant illness (as applicable) claim will be included in their estate for inheritance tax purposes, unless they are spent. (Benefits available will depend on when your policy was taken out.)

Aviva do not need to see this Expression of Wish.

Your Personal Information

We collect and use your Personal Information as part of this trust process. If you would like more information about how we use and process Personal Information and your rights in relation to it, you can find further detail in our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.**

Expression of Wish to the Trustees

Date

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|---|---|---|---|---|---|---|---|

I [name]

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| |

of [address]

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("the Life Covered")

am the employee whose life is insured under the Relevant Life Insurance policy defined in Part B of the Aviva Discretionary Trust for Relevant Life Insurance ("the Trust")

Date of trust

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| D | D | M | M | Y | Y | Y | Y |
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In this Expression of Wish, I desire to make known to you, the Trustees, my wishes about whom I would like you to consider should benefit from the Trust.

I understand that this Expression of Wish is not binding on the Trustees, and the Trustees will still have freedom to decide who amongst the class of Potential Beneficiaries (as defined in the Trust) is to benefit from the Trust, although they may wish to consider the Expression of Wish below before making any decision about benefits:

In the event of my death, I would like you to consider paying the benefit to:

| [name/s and address/es of the beneficiaries] | (% share if applicable This should add up to 100%) |
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In the event of a terminal illness claim, I would like you to consider paying the benefit to me

Yes No*

If the policy includes critical illness or employee significant illness benefit, in the event of a critical illness or employee significant illness claim I would like you to consider paying the benefit to me

Yes No*

*If 'no' is selected, please consider paying the benefit to those named above as beneficiaries in the event of my death.

If any of the above persons or charities are not already a Potential Beneficiary, as I am empowered by the Trust to do so, I nominate such persons and/or charities to be Potential Beneficiaries of the Trust.

Signed by me, as the Life Covered.

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Get in touch

If you have any questions, you can:



Call us on **0800 2851 098**

- We may record calls to improve our service.
- Calls may be charged and these charges will vary, please speak to your network provider.



Email us at **protection@aviva.com**



Write to us at **Aviva, PO Box 582,
Bristol, BS34 9FX, United Kingdom**

Need this in a different format?

Please get in touch if you'd prefer this form (AL18018) in large print, braille, audio or in a different colour.

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