Expression of wishes



Please complete this form using block capitals and return it to the Trustees of your scheme

ember's surname	Mr/Mrs/Miss/Ms/title		
Forename(s)			
Employing company or departmen	nt		
n the event of my death, it is my w	vish that any lump sum benefits payab	le under the Scheme should be paid to:	
Full name	Address	Relationship to me if any	Proportion %
			100%
understand that:			
	my death.	ne final decision as to whom the benefits are	payable

| Retirement | Investments | Insurance | Health |

 $Aviva\ Life\ \&\ Pensions\ Limited.\ Registered\ in\ England\ No\ 3253947.\ Aviva,\ Wellington\ Row,\ York,\ YO90\ 1WR.$ $Authorised\ and\ regulated\ by\ the\ Financial\ Conduct\ Authority.\ Firm\ Reference\ Number\ 185896.$