

Expression of Wishes Form



This form should be completed by the member of a group life policy and returned to the trustees for consideration in the event of a claim.

You don't have to provide an expression of your wishes, but it does help the trustees if you do.

If you want to update your expression of wishes you should complete a new Expression of Wishes Form.

If you have any questions please speak to your employer.

| Policy name | <input type="text"/> | | |
|--|--|-----------------------------|---|
| Member's forename(s) | <input type="text"/> | | |
| Member's surname | <input type="text"/> | | |
| Employing company/department | <input type="text"/> | | |
| Staff Reference Number/ Employee Reference | <input type="text"/> | | |
| 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: | | | |
| Full name | Address | Relationship to me (if any) | Proportion |
| <input type="text"/> | <input type="text"/> <input type="text"/> Postcode | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> <input type="text"/> Postcode | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> <input type="text"/> Postcode | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> <input type="text"/> Postcode | <input type="text"/> | <input type="text"/> % |
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| <input type="text"/> | <input type="text"/> <input type="text"/> Postcode | <input type="text"/> | <input type="text"/> % |
| I am aware that: | | | |
| <ul style="list-style-type: none">• 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 the trustees in writing. | | | |
| Your signature | <input type="text"/> | | Date signed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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