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.

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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:

Full name	Address	Relationship to me (if any)	Proportion	
			%	
	Postcode			
			%	
	Postcode			
			%	
	Postcode			
			%	
	Postcode			
			%	
	Postcode			

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	YY	Υ	Y

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