

Letter of Wishes

In the event of your death, certain benefits are payable at the discretion of the Trustees. You may wish to nominate the person(s) to whom you would like these benefits to be paid. You should note that this is not binding on the Trustees.

This form is designed to make your wishes clear. It will only be examined upon your death, and you may change it at any time. Please ensure that the original, and any subsequently changed Letter, are in the hands of the Trustees, as this is the only way the Trustees can be aware of your wishes.

To complete a Letter of Wishes, please fill in the form below, place it in a sealed envelope (with your name indicated) and return it to your HR department or the Trustees of your Plan.

You may retrieve the Letter at any time if you wish to change the details.

Section 1: Scheme Details

Scheme Name

Scheme Number

Section 2: Your Details

Title	Mr	Mrs	Miss	Ms	Other
First Name					Surname
Date of Birth				Male	Female
Spouse/Civil Partner First Name					Surname
Spouse/Civil Partner Date of Birth					

Use both first name and surname.

To the Trustees of the

Pension Plan

In the event of my death, I hereby request that you distribute any benefits which are within your discretion among the following named persons and in the proportions indicated.

*For example: spouse, civil partner, partner, daughter, son, parent, brother, sister etc.

1. Name of Beneficiary	Relationship to me*
Type of Benefit	Proportion
2. Name of Beneficiary	Relationship to me
Type of Benefit	Proportion
3. Name of Beneficiary	Relationship to me
Type of Benefit	Proportion
4. Name of Beneficiary	Relationship to me
Type of Benefit	Proportion

I understand that this is only an expression of my wishes, which I may change at any time. I understand that this letter is only for the assistance of the trustees and is not binding upon them. I hereby cancel any previous wishes that I may have expressed in this regard.

Name

Signature of Customer

Date