Group Life Mastertrust Expression of Wish

A benefit is paid if you were to die while you're included in the Group Life Mastertrust scheme. The trustees will decide who to pay your benefit to. When they decide they'll consider your circumstances at the time of your death, and your wishes recorded on this form.

Please fill in this form to tell the trustees who you'd like to receive your benefit. You'll need to give your completed form to your employer for safekeeping.

(DD/MM/YYYY)

If you want to update your expression of wish, please fill in a new form and give it to your employer.

Please speak to your employer if you have any questions.

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1	About v	vou

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Your full name

Your date of birth

National insurance number			
Who is your employer?			
Who would you like the trustees to pay benefit to?			
Person 1			
Mr/Mrs/Miss/Ms/Other			
Full name			
Relationship to me			
Address			
Postcode			
Date of birth	(DD/MM/YYYY)		
Percentage of any payment due	%		
0	If you want the benefit to be paid to more than one person, please make sure the percentages total 100%.		



Who would you like the tre Person 2	ustees to pay benefit to?- continued
Mr/Mrs/Miss/Ms/Other	
Full name	
Relationship to me	
Address	
Postcode	
Date of birth	Y (DD/MM/YYYY)
Percentage of any payment due	%
Person 3 Mr/Mrs/Miss/Ms/Other	
Full name	
Relationship to me	
Postcode	
Date of birth	(DD/MM/YYYY)
Percentage of any payment due	%
0	If you want the trustees to consider more people, please give their details on a separate piece of paper and attach it to this form.
Your confirmation	
	I'd like the trustees to consider the nominations for benefit made in this form. This expression of wish replaces any previously made by me.
Signature	×
Date	(DD/MM/YYYY)
П	Please sign the completed form and give it to your employer.

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