***[SCHEME NAME]* Group Life Assurance Scheme**

**Expression of Wishes Form**

In order that the Trustees are aware of the member’s wishes, you are requested to complete the Expression of Wishes form below and to return it to the Company, via *[name of recipient for return of completed form]*, for safe custody. The statement can be withdrawn at any time and a new one substituted.

**EXPRESSION OF WISHES CONCERNING DEATH BENEFITS**

**Full name of member:**

I understand that the Trustees of the Scheme have absolute discretion as to payment of any lump sum due under the Scheme in the event of my death. However, if and when the Trustees exercise their discretion, I would like them to take into account that my wishes as to how it should be paid are as stated below and replace any earlier expression of wishes I may have communicated. I understand that I can cancel or change this statement at any time.

|  |
| --- |
| **Full name of person I wish to benefit:****Relationship to me:****Address:****Proportion (%):** |

|  |
| --- |
| **Full name of person I wish to benefit:****Relationship to me:****Address:****Proportion (%):** |

|  |
| --- |
| **Full name of person I wish to benefit:****Relationship to me:****Address:****Proportion (%):** |

|  |
| --- |
| **Full name of person I wish to benefit:****Relationship to me:****Address:****Proportion (%):** |

**Notes:**

1. Please put a line through any unused boxes.

**Name (Print):**

|  |
| --- |
|  |

**Signature:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |