



EXPRESSION OF WISH

I _____ (NI number _____) hereby express the wish that in the event of my death, any lump sum death benefit under the Scheme be paid by the Company to the following person(s):

Full Name:	
Relationship to me:	Date of Birth:
Address:	
Proportion:	

Full Name:	
Relationship to me:	Date of Birth:
Address:	
Proportion:	

If you wish the benefit to be paid to more than one person, please indicate above and show in what percentage proportion you would like the benefit to be divided.

I understand that it is my responsibility to inform the Company of any change in my personal circumstances, which may affect the way in which benefits are to be paid.

Signed: _____

Date: _____

***RETURN IN A SEALED ENVELOPE TO HR**