

EXPRESSION OF WISH FORM

SCHEME NAME:		
Full Name		
In the event of my death, I wish you to exercise your discretion under the Scheme Rules in applying the proceeds of any capital sum death benefit arising under the Scheme to or for the penefit of persons named below in proportions shown.		
understand that this is an expression of wish only, which is not binding on you and which may at any time be revoked or revised in a further letter from me.		
Signed Date		
Name	Relationship	
Address	Percentage of Sum payable %	
Name	Relationship	
Address	Percentage of Sum payable %	

Private and Confidential

Dalriada. A better way

	Name	Relationship
	Address	Percentage of Sum payable
		%
Г		
	Name	Relationship
	Address	Percentage of Sum payable
		%
ĺ		

If you wish to have the benefit paid to your estate please write 'To my estate' after 'Name' above, completing also the 'Percentage of sum payable'.

Private and Confidential 2