

To the trustees of the _____ Scheme
(insert employer's scheme name)

TO THE SCHEME MEMBER COMPLETING THIS FORM - PLEASE RETURN THE COMPLETED, SIGNED & DATED FORM TO YOUR HR REPRESENTATIVE, SO THAT IT CAN BE RETAINED BY YOUR EMPLOYER OR THE TRUSTEE(S) OF THE ABOVE NAMED SCHEME.

Expression of Wish

I Staff number
(insert full name of scheme member)

hereby express the wish that in the event of my death, any lump sum death benefit under the scheme be paid by the trustee(s) to the following person(s):

Full name
Relationship to me Date of birth
Address

 Eircode
Proportion
(insert % (percentage) or share)

Full name
Relationship to me Date of birth
Address

 Eircode
Proportion
(insert % (percentage) or share)

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. Please ensure that the proportions add up to 100% in total.

I understand that this Expression of Wish is not binding upon the trustee(s) when deciding how to exercise their discretionary powers and that it may at any time be revoked or revised in a further letter from me. I understand that it is my responsibility to inform the trustee(s) of any change in my personal circumstances, which may affect the way in which benefits are to be paid.

Signed Date

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