



Expression of Wish Form

For distribution of Lump Sum Death Benefit

Please complete this form using **BLOCK CAPITALS**

Full name of member:

National Insurance number:

Declaration

In the event of my death, I wish the Trustees to exercise their discretion under the Rules for the benefits arising under SBS in favour of the following and in the proportions shown. I understand that this is an Expression of Wish only and that it is not binding on the Trustees and may at any time be revoked or revised by me on completion of a new Expression of Wish form.

Full name	Relationship to member (if any)	Proportion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary email address
(named above):

Address of beneficiary:

Full name	Relationship to member (if any)	Proportion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary email address
(named above):

Address of beneficiary:

Full name	Relationship to member (if any)	Proportion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary email address
(named above):

Address of beneficiary:

continued overleaf...



Signed:

Date:

Witnessed by:

The witness must not be one of the named beneficiaries.

Address:

Signature of witness:

Date:

Note: The purpose of this form is to assist the Trustees in the exercise of their discretionary powers in relation to the lump sum death benefit and to avoid, if possible, any liability to Inheritance Tax.