

Letter of Wishes

Strictly Private and Confidential

Member Name: _____

To: The Trustees,

I fully understand that the lump sum death benefit under the plan is paid by the trustees in accordance with the plan rules. I would however request the trustees to consider paying such benefit to the persons specified below.

Full Name (Block Capitals)	Address	Relationship (if any) to you	Proportion of Benefits (if more than one person named)
1.			
2.			
3.			
4.			

Signature:

Date :

Note :

- (1) The completed form should be handed to your HR Manager for the Trustees.
- (2) If you wish you may enclose the form in a sealed envelope and put the name of the plan and your own name on the outside of the envelope.
- (3) It is your responsibility to ensure that any alteration of your wishes is made known to the Trustees of the plan by submitting a further Letter of Wishes.