

Expression of Wish Form

To: _____ Group Trustees

Surname:		Forename:	
Payroll / Pension No:		NI Number:	
Scheme:		Location:	

I refer to my membership of the above Scheme and the benefits payable on my death. I fully understand that the application of my Lump Sum death benefit is at the complete legal discretion of the Trustees. I should, however, like the trustees to consider the following person or persons as possible recipients of such benefits as may become payable on my death:

Name	Address	Relation	Percentage / Portion
			%
			%
			%

Signed: _____ Date: _____

Notes:

1. The information you enter above should be sufficient to identify the person or persons. If you have named more than one person you may wish to indicate the percentage of benefit for each against their name.
2. It is possible for you to name a charity, society or club as possible beneficiary but remember that the Lump Sum is intended to provide security for your family and dependents.
3. If you have named your husband or wife and / or children you may like to consider naming another person or persons to cover the situation of you and your spouse / children dying together, for example in an accident. Use the space freely or staple a note to this form.
4. If you wish to change any details here in future (for example on marriage) you should ask for another form, fill it in and send it to RPMI EPAL, 2 Rye Hill Office Park, Birmingham Road, Allesley, Coventry, CV5 9AB. Your previous form will be destroyed.
5. Notes about this form and its implications are available on request from RPMI EPAL.
6. By completing this form you are confirming that you wish any death benefits to be paid at the Trustees discretion under Rule 22 of the ESPS.