

Expression of Wish Form

About you

Your Full Name: _____

Your National Insurance Number: _____

Your Employer's Name: _____

Who would you like the trustees to pay benefit to?

I wish for my Welplan Death in Service benefit to be distributed as below. I understand the recipients of any lump sum payments on my death are at the discretion of Welplan as Trustee of the Welplan Death Benefit Scheme.

Person 1, Charity or Trust

Full Name: _____

Relationship to me: _____

Address: _____

Date of Birth (if applicable): _____

Percentage of
Payment Due:

_____ %

Person 2, Charity or Trust

Full Name: _____

Relationship to me: _____

Address: _____

Date of Birth (if applicable): _____

Percentage of
Payment Due:

_____ %

Person 3, Charity or Trust

Full Name: _____

Relationship to me: _____

Address: _____

Date of Birth (if applicable): _____

Percentage of
Payment Due:

_____ %

Person 4, Charity or Trust

Full Name: _____

Relationship to me: _____

Address: _____

Date of Birth (if applicable): _____

Percentage of
Payment Due:

_____ %

Please return the form to your employer once completed. Please print off and sign if completed electronically. Remember to keep your Expression of Wish up to date if your personal circumstances change.

Signature:

Date of Signature: