

EXPRESSION OF WISH

Name of Member

I understand that under the Scheme Rules a lump sum or pension may be payable if I die. I also understand that the Trustee has discretionary power to pay such lump sum or pension to one or more of my relatives and dependants as they shall decide or to my legal personal representatives.

For the guidance of the Trustee in such circumstances I would like the following person or persons to receive the benefits in the proportions shown.

1. Name
Relationship
Address

Benefit % of lump sum or pension Email

2. Name Relationship
Address

Benefit % of lump sum or pension Email

3. Name Relationship
Address

Benefit % of lump sum or pension Email

4. Name Relationship
Address

Benefit % of lump sum or pension Email

OR

5. I do not wish to nominate a person or persons to receive benefits on my death and request that any remaining fund is paid to my personal legal representatives.

I understand that this expression of wish does not in any way bind the Trustee or fetter the exercise of their discretionary powers.

Signature

Date

NOTES

1. Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
2. If your personal circumstances change and you wish to alter this expression of wish, you should ask for the return of this form and complete a further form in its place. If you need an additional form to nominate additional beneficiaries, please email rewards@boal.co.uk.

Please email your completed form to: rewards@boal.co.uk and include your pension policy number in the subject of your email