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:	Percentage of Payment Due:
Relationship to me:	
Address:	
Date of Birth (if applicable):	%
Person 2, Charity or Trust	Percentage of
Full Name:	Payment Due:
Relationship to me:	
Address:	%
Date of Birth (if applicable):	70
Person 3, Charity or Trust	Percentage of
Full Name:	Payment Due:
Relationship to me:	
Address:	%
Date of Birth (if applicable):	70
Person 4, Charity or Trust	Dercentage of
Full Name:	Percentage of Payment Due:
Relationship to me:	
Address:	%
Date of Birth (if applicable):	70

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:

Welplan Ltd will process any personal or sensitive data provided on this form securely and in accordance with our privacy policy, which can be viewed online at: <u>http://www.welplan.co.uk/website-disclaimer/privacy-policy/</u>