

EXPRESSION OF WISHES FORM

SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

Surn	ame		Title				
First	name(s)		Membership Number				
SEC	CTION B: EXPRESSION OF	WISHES					
any I discr perm othe comp I wisl bene	ompleting this form, the Trustee will be a ump sum payable on your death. This for retion of the Trustee, they are not subject is simple and incompleting a new form. The the Trustee to consider the person or payable on my death. I under the Form or Nomination Form.	rm is not binding to inheritance talludes your spouse le organisations. Votersons named be	on the Trustee. As payment x under current legislation e, civil partner, children, de You can change your mind low as possible beneficiari	its are made at the interest of the range of ependants, and an at anytime by the es of any lump so			
1	Surname						
	First names						
	Home address						
	Relationship	Propo	rtion of benefit	%			
2	Surname						
	First names						
	Home address						
	Relationship	Propo	ortion of benefit	%			

ľ	Surname					
First names						
Home address						
	Relationship	Proportion of benefit				
Surname						
First names						
Home address						
	Relationship	Proportion of benefit				
	Relationship					
	Relationship		Total	100%		
	Relationship		Total	1009		
	Relationship	this form is held and ions providing services with the Data Protection owledge that as a resulted in this form could but how we use your personance.	d processe for the p on Act 201 ult of that be disclos	1009 ed by urposes 8 and Act the sed to n be foun		

Please complete this form and return to the following address:

The Cheviot Trust, Kingswood House, 58 – 64 Baxter Avenue, Southend-on-Sea, Essex SS2 6BG

T. 01702 354024 E. people@cheviottrust.com W. www.mycheviotpension.com