

# Disposal of Death Benefits - Expression of Member's Wish

**1. To be completed by the Employer**

(please complete in block letters)

Employer's Name
Name of Employer's retirement and/or death benefits plan
Member's Full Name
Member's Reference Number <i>(if known)</i>

**2. To be completed by the Member**

It is my wish that, in the event of my death before my 75th birthday whilst a member of the above-named plan, any death benefit (other than one payable expressly for a widow, widower, civil partner or orphaned child) should be paid to or for the benefit of:

Full Name
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Address	Postcode
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Relationship (if any)	Proportion (if more than one person named)
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Full Name
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Address	Postcode
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Relationship (if any)	Proportion (if more than one person named)
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Full Name
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Address	Postcode
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Relationship (if any)	Proportion (if more than one person named)
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Full Name
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Address	Postcode
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Relationship (if any)	Proportion (if more than one person named)
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I understand in expressing this wish that it is in no way binding upon either the Employer or the trustee(s) of the plan.

Member's Signature	Date
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