



INTELLIGENTMONEY

EXPRESSION OF WISH

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Client Name	<input type="text"/>	Date of Birth	<input type="text"/>
Client Reference	<input type="text"/>	N.I. Number	<input type="text"/>

Death Benefits Expression of Wish

Please provide below the details of those people that you would like to receive any remaining benefits payable on your death. This agreement does not bind the trustees of the scheme but is a means to help the trustees to pay out your benefits in line with your wishes. You are able to amend the details at anytime.

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
% of Benefit	<input type="text"/>	% of Benefit	<input type="text"/>

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
% of Benefit	<input type="text"/>	% of Benefit	<input type="text"/>

I confirm this expression of wish replaces any previously provided.

Signed:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>

If you require to appoint additional beneficiaries please provide details on a separate piece of paper which must be signed and dated by you.