

Group Life Mastertrust Expression of Wish

Alternative Formats

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at group.protection@landg.com or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

A benefit is paid if you were to die while you're included in the Group Life Mastertrust scheme. The trustees will decide who to pay your benefit to. When they decide they'll consider your circumstances at the time of your death, and your wishes recorded on this form.

Please fill in this form to tell the trustees who you'd like to receive your benefit. You'll need to give your completed form to your employer for safekeeping.

If you want to update your expression of wish, please fill in a new form and give it to your employer.

Please speak to your employer if you have any questions.

1 About you

Your full name

Your date of birth

National insurance number

Who is your employer?

										(DD/MM/YYYY)

2 Who would you like the trustees to pay benefit to?

Person 1

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

										(DD/MM/YYYY)
									%	



If you want the benefit to be paid to more than one person, please make sure the percentages total 100%.

2 Who would you like the trustees to pay benefit to?– continued

Person 2

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

%

(DD/MM/YYYY)

Person 3

Mr/Mrs/Miss/Ms/Other

Full name

Relationship to me

Address

Postcode

Date of birth

Percentage of any payment due

%

(DD/MM/YYYY)



If you want the trustees to consider more people, please give their details on a separate piece of paper and attach it to this form.

3 Your confirmation

I'd like the trustees to consider the nominations for benefit made in this form.
This expression of wish replaces any previously made by me.

Signature

X

Date

(DD/MM/YYYY)



Please sign the completed form and give it to your employer.