

G4S UK Life Assurance Scheme

EXPRESSION OF WISH FORM

In the event of my death I would like the Trustees of the Scheme to know that it is my wish that all lumps sum benefits payable under the Rules of the Scheme be paid to:-

BENEFICIARY'S NAME	
ADDRESS	
PROPORTION (%)	
BENEFICIARY'S NAME	
ADDRESS	
PROPORTION (%)	
I understand that this is an expression of trustees and may be revoked or revised Trustees.	wish only and is not legally binding upon the by sending a new 'Expression of Wish Form' to the
I realise that it is my responsibility to ame revised form if circumstances change.	end my wishes by completing and submitting a
Member's Full Name	
Company	
Employee Number	
Signature	
Date	
Note	
The Trustees of the G4S UK Life Assura	nce Scheme are Data Controllers under the General

May 2019

Data Protection Regulations.