



EXPRESSION OF WISHES FORM ➤

To: The Construction Executive Retirement Savings Trustees DAC

FROM:

Name

Address
PLEASE USE BLOCK CAPITALS

Member ID

Date of Birth Phone no

Company

Email address

I would like to receive regular updates from CERS and other companies within the Group in respect of relevant articles, products and services.

Death Benefits

I hereby request that, in the event of my death, you pay the cash sum benefit to the following person(s)

Name & Address	Relationship	Proportion of Benefit (e.g. 25%, 50% etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby request that, in the event of my death, you pay a dependant's pension to the following person(s)

Name & Address	Relationship	Proportion of Benefit (e.g. 25%, 50% etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I UNDERSTAND THAT MY WISHES, WHILE THEY WILL BE TAKEN INTO ACCOUNT, ARE NOT BINDING ON THE TRUSTEE. ANY PREVIOUS NOMINATION FORM OR EXPRESSION OF WISHES THAT I HAVE COMPLETED IS HEREBY CANCELLED.

Signature Date

09/16/Confidential