



CERS

BUILDING FOR YOUR FUTURE

EXPRESSION OF WISHES FORM

To: The Construction Executive Retirement Savings Trustees DAC

FROM:

Name:

Address:

PLEASE USE BLOCK CAPITALS

Member ID: Email address:

Date of Birth: Phone No:

Company:

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:

When completed, this form should be returned to: Construction Executive Retirement Savings (CERS), 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90. T: (01) 407 1430 | E: info@cers.ie