CERS 50
BUILDING FOR YOUR FUTURE
SINCE 1971

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)

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)

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: _____

Completed forms should be returned to: Construction Executive Retirement Savings (CERS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 407 1430 | e: info@cers.ie