THE PTL GROUP LIFE MASTER TRUST

EXPRESSION OF WISH FORM - DEATH IN SERVICE BENEFITS

If you wish any lump sum benefit arising under the Trust in the event of your death to be paid to a particular person or persons, please complete this form.

In the event of my death, I would like any lump sum benefit arising under the Trust to be paid to the following:-

Name	**Address**	**Relationship**	**Proportion of Benefit**	**Beneficiary's date of birth**

I understand that this is only an expression of wish which is not binding on the Trustees.

I understand that this expression of wish may at any time be revised by signing and submitting a new form.

Your Signature ..... Date … .....

Your Full Name. .....
(Please print)

Date of Birth:

National Insurance Number
(this can be found on your pay slip)