**Expression of wishes to the Trustees of the Scheme**

In the event of my death I would like any benefit under the Scheme to which the discretionary provisions apply to be paid to:

Full Name

Address

(BLOCK CAPITALS)

Relationship

\*if not a relation please state briefly how the person named is dependent on you.

I understand the above indication of my wishes will be used only as a guide to the Trustees when they exercise their discretions under the governing documents of the Scheme.

Date Signed

Member’s Name

(BLOCK CAPITALS)

**Please note that this form should be retained by the Scheme Trustees and not returned to Canada Life.**