

Expression of Wishes form

for use with the Fortis Discretionary Trust

This form is for you to use to express your wishes in respect of whom you would like to benefit from your Trust when you die. The Trustees of your Discretionary Trust have discretion in determining who would benefit and by how much, so giving them guidance will be helpful to them. This form is not binding on your Trustees but can be used when deciding who should receive the monies from your Trust Fund.

You can change your mind as many times as you need to, but please make sure that you include a new, dated Expression of Wish form otherwise your Trustees may not know that you have made an amendment to your previous wishes.

If your Plan is in joint names, both lives assured need to complete and sign this form. If only one person of a joint life plan provides an expression of wish, then the Trustees may be unable to use this as guidance as they will be unsure whether it is the wish of one or both of the lives assured.

Section A: Your details

1st life assured

Full name of policyholder

If you have changed your surname, please state any previous surnames here

Full address of policyholder

Plan number

Cover type

2nd life assured

Full name of policyholder

If you have changed your surname, please state any previous surnames here

Full address of policyholder

Plan number

Cover type

Section B: Beneficiary or Beneficiaries

If you would like the Trustees to consider one or more persons from the classes of Potential Beneficiaries described in the trust declaration form that you have signed in relation to your plan, please specify those person(s) below. If you wish more than one person to benefit from your plan, then please indicate how much of the Trust Fund you wish them to receive. You can do this by giving a percentage to the overall total - for example: Billy, son, 25%. This would mean that you wish your son to receive ¼ of your Trust Fund.

Full name	Address	Relationship to the life assured	Percentage of the Plan (%) Column total must equal 100%

If any of the people I have nominated dies before me, then I would like the Trustees to consider paying their share to:

Full name	Address	Relationship to the life assured

Section C: Declaration

I/We would like the Trustees to consider those persons named in Section B as possible beneficiaries for any benefits that may be payable upon my death. This Expression of Wishes is to inform the Trustees of my preference in the proportions shown in Section B. I accept that the actual recipient(s) of the Trust will be at the discretion of the Trustees and that this form can be used by them when deciding how to exercise their discretionary powers. I understand and confirm that this Expression of Wishes form is not a legally binding contract. This form supersedes any previous Expression of Wishes form signed by me/us.

Signed:

1st Life Assured

Date

 / /

2nd Life Assured

Date

 / /

Witness

(please ensure that your signature is witnessed by someone who is not a beneficiary or a potential beneficiary of your Trust. Your witness must be present when you sign this form)

Witnessed by

Full name

Address

Occupation

Signature of Witness

Date

 / /

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Registered Address**

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Telephone 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline, networks may vary)

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