

SAMPLE

NOMINATION OF WISHES FOR LUMP SUM DEATH BENEFITS

To the Trustees of: **ABC Pension Plan**

In the event of my death, it is my wish that any lump sum death benefits payable from the plan are paid to the persons noted below, in the proportions shown.

Name	Address	Relationship	Proportion
TOTAL:			100%

I understand that while my wishes will be taken into account, they will not be binding on the Trustees, who have the duty to apply benefits in accordance with the discretionary powers under the Trust

Any previous Nomination of Wishes Form which I have completed is hereby cancelled.

Signed:	
PRINT NAME:	
Date of Birth:	
Date:	