

# Expression of Wishes form

## For use with the Aviva Protection UK Limited Relevant Life Discretionary Trust

This form is for you to use to express your wishes in respect of whom you would like to benefit from the Aviva Protection UK Limited, Relevant Life Discretionary Trust, or a Relevant Life Discretionary Trust provided under our previous name AIG Life Limited, when you die. The Trustees of your Trust have absolute discretion in determining who would benefit and by how much, so giving them guidance will be helpful to them.

Your expression of wishes is not binding on the Trustees but can be used when they exercise their discretion and decide who should receive the monies from the 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 Wishes document otherwise your Trustees may not know that you have made any changes.

**RETURN THE SIGNED FORM TO YOUR EMPLOYER TO KEEP ON YOUR PERSONNEL FILE.**

## Section A: Your details

Employee/ Life Assured	Full name of Employee/Life Assured													
	Full address of Employee/Life Assured													
											Postcode			
Cover reference	P											-		
Cover type	Aviva Protection UK Limited Relevant Life Insurance or AIG Life Limited Relevant Life Insurance													

## 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 Aviva Protection UK Limited Relevant Life Discretionary Trust, or the Relevant Life Discretionary Trust provided by us under our previous name AIG Life Limited, please specify those person(s) below. If you wish for more than one person to benefit, then please indicate how much of the Trust Fund you wish for them to receive. You can do this by stating a percentage to the overall total - for example: Billy, son, 25%. This would mean that you wish for your son, Billy, to receive ¼ of the Trust Fund.

Full name of Beneficiary	Full address of Beneficiary	Relationship to the Life Assured	Percentage (%) of the Trust Fund 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 the share of that deceased Beneficiary to:

Full name of Default Beneficiary	Full address of Default Beneficiary	Relationship to the Life Assured

## Section C: Declaration

I would like the Trustees to consider those persons named in Section B of this Expression of Wishes document 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 Fund will be at the absolute discretion of the Trustees and that this document can be used by them when deciding how to exercise their discretionary powers. I understand and confirm that the Trustees will not be bound by my Expression of Wishes, however, I ask that they consider my nomination(s). This document replaces and supersedes any previous Expression of Wishes signed by me.

**Signed:**

<b>Employee/Life Assured</b>	Signature	Date
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**[protection.aviva.com](https://protection.aviva.com)**

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