

**DEATH IN SERVICE TRUST FOR THE UNIVERSITY OF HUDDERSFIELD  
EXPRESSION OF WISH FORM**

Regarding who is to benefit from the Scheme on death of member

Please use Capital Letters

Surname:*
Forename(s):*

In the event of my Death in Service I wish the discretion under the Scheme Rules to be exercised so that the Trustees will apply the benefits

Beneficiary 1		Beneficiary 2	
Name:*		Name:	
Address:*		Address:	
Relationship:*		Relationship:	
Proportion:*		Proportion:	

Beneficiary 3		Beneficiary 4	
Name:		Name:	
Address:		Address:	
Relationship:		Relationship:	
Proportion:		Proportion:	

NOTE: You may, if you wish, request the Trustee to arrange for the benefits to be paid to your estate. If so, please write "To my estate" against "Name" above, completing also "Proportion".

I UNDERSTAND THAT THIS IS ONLY AN EXPRESSION OF WISH WHICH IS NOT BINDING ON THE TRUSTEES AND WHICH MAY AT ANY TIME BE REVOKED OR REVISED BY ME.

Signed:

Date:

Please return this form via email, marked 'Strictly Private and Confidential', to the Director of Financial Services at L.F.Devenny@hud.ac.uk.