



# THE CHEVIOT TRUST

## EXPRESSION OF WISHES FORM

### SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

SURNAME		TITLE			
FIRST NAMES					
IF YOU HAVE CHANGED YOUR SURNAME PLEASE STATE ANY PREVIOUS SURNAME(S)					
HOME ADDRESS					
POSTCODE	TELEPHONE NUMBER				
EMAIL ADDRESS					
DATE OF BIRTH	NATIONAL INSURANCE NUMBER				
MARITAL STATUS	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	CIVIL PARTNERSHIP <input type="checkbox"/>	SINGLE <input type="checkbox"/>
CHEVIOT MEMBERSHIP NUMBER					

### SECTION B: EMPLOYMENT DETAILS

EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
POSTCODE	DX ADDRESS
TELEPHONE NUMBER	FAX NUMBER
NORMAL RETIREMENT AGE ASSUMED TO BE 65 UNLESS YOU INDICATE OTHERWISE	



**SECTION C: EXPRESSION OF WISHES FORM****Use this form to state your wishes regarding the distribution of any lump sum payable on your death**

By completing this form, the Trustee Board will be able to take your wishes into consideration when distributing any lump sum payable on your death. This form is not binding on the Trustee Board. As payments are made at the discretion of the Trustee Board, they are not subject to inheritance tax under current legislation. The range of permissible beneficiaries is very wide and includes your spouse, civil partner, children, dependants, and any other relative, person or bodies, e.g. charitable organisations. You can change your mind at any time by completing a new form and sending it to the Trustee Board.

I wish the Trustee Board to consider the person or persons named below as possible beneficiaries of any lump sum benefits that are payable on my death. I understand that this form supersedes any previous Expression of Wishes Form or Nomination Form I may have completed.

<b>1</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
<b>2</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
<b>3</b>	SURNAME		
	FIRST NAMES		
	HOME ADDRESS		
	RELATIONSHIP	PROPORTION OF BENEFIT	%
		TOTAL	100%

Please continue on a separate sheet if you wish to name further beneficiaries.  
Please ensure the total percentages add up to 100%.

**In accordance with the Data Protection Act 1998 I consent to the information on this form being held and processed by the Trustee Board of The Cheviot Trust for the purpose of administering any benefits payable on my death. I acknowledge that as a result of that Act there is a possibility that the information contained in this form could be disclosed to the beneficiaries named above.**

SIGNATURE
DATE

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO  
THE CHEVIOT TRUST, CHEVIOT HOUSE, 70 BAXTER AVENUE, SOUTHEND-ON-SEA, ESSEX SS2 6JA  
PLEASE KEEP US INFORMED OF ANY CHANGE OF ADDRESS**