

CAMBRIDGE UNIVERSITY ASSISTANTS' CONTRIBUTORY PENSION SCHEME (CPS)

EXPRESSION OF WISH FORM

MEMBER DETAILS

| | | | |
|--------------|--|-----------------|--|
| Surname | | | |
| Other Names | | | |
| Department | | | |
| N.I. Number: | | Payroll Number: | |

DECLARATION

I wish to nominate the following to be considered as possible recipients of any lump sum from the Cambridge University Assistants' Contributory Pension Scheme payable on my death at the discretion of the trustees under the Scheme's Discretionary Trusts and (where more than one person is named by me below) in the proportions indicated.

I confirm that I understand that, under the rules of the Scheme, the trustees may take this expression of wish into account when deciding how to exercise their discretionary powers, but they are not legally bound to do so.

This expression supersedes any previous expression of wish signed by me.

BENEFICIARIES

| Full Name | Relationship to member (if any) | Proportion |
|-----------|---------------------------------|------------|
| | | |
| | | |
| | | |
| | | |

Address of beneficiary (if different from member)

ALTERNATIVE WISHES
If any of the above predecease me I wish the trustees to consider the following:

Signature of member: Date:

Witnessed by:(BLOCK CAPITALS) The witness must not be one of the named beneficiaries.

Occupation:

Address:

Signature of Witness: Date:

