

Expression of Wishes Form

To:	ITC, Harmony Court, Harmony Row, Dublin 2.
From:	
Name:	
Address:	
PLEASE USE BLOCK CAPITALS	

Death Benefits

I hereby request that, in the event of my death, you pay the cash sum benefit to the following person(s)

Name & Address	Relationship	Proportion of Benefit (e.g. 25%, 50% etc.)

I hereby request that, in the event of my death, you pay a dependent's pension to the following person(s)

Name & Address	Relationship	Proportion of Benefit (e.g. 25%, 50% etc.)

I understand that my wishes, while they will be taken into account, are not binding on the trustees.
Any previous Nomination Form or Expression of Wishes that I have completed is hereby cancelled.

Signature:		Date:	
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When completed this form should be returned to **ITC, Harmony Court, Harmony Row, Dublin 2.**
T: 01 661 1022 F: 01 01 661 1024 E: info@independent-trustee.com W: www.independent-trustee.com