



International Transport Federation (ITF) Expression of Wish Form

For completion by member

To: The Trustees of the ITF Retirement Benefits Scheme (the scheme)

In the event of my death I wish the Trustees to consider my request for any lump sum death benefit payable from the Scheme to be paid to the following individual(s) in the proportions shown.
This form replaces any similar form, which I have previously completed

Name & Address	Relationship	Proportion of Benefits (%)
Please continue overleaf if necessary. This should also be signed.		100%

I appreciate that this form is in no way binding on the Trustees who have the discretion to apply the benefit as they see fit.

Print Name	
National Insurance Number	
Signed	
Date	

In the event of any change in circumstances, it is your responsibility to see that any alteration in your wishes is made known to the Trustees by submitting a further form. Further forms can be obtained at the address below.

This completed form should be sealed in an envelope to be opened in the event of your death. The outside of the envelope should be marked clearly with:

- *'Expression of Wish Form'*
- *Your name*
- *Your National Insurance Number*
- *Your Date of Birth and*
- *Date the form was signed*

Please return this form signed, dated and completed, marked 'Strictly Private and Confidential', to First Actuarial LLP, Trafford House, Chester Road, Manchester M32 0RS.