

GTC | LETTER OF WISHES - NOMINATION OF BENEFICIARIES

I understand that I may nominate the individuals who would benefit from my pension in the event of my death either before retirement or, in the event that funds remain in my fund, following my retirement. I further understand that I may, from time to time, change the individuals nominated or the percentage which I suggest they should receive.

I nominate the individuals below (Please complete A or B as appropriate):

A

In the event of my death I designate the following person as beneficiary to whom all of monies due to me shall be paid:

Full Name:

Relationship:

Address:

In the event of his/her death before he/she is able to benefit, I nominate the following person(s) as beneficiary (ies) to whom all monies due to me shall be paid:

Full Name:

Relationship:

Address:

Share %

Full Name:

Relationship:

Address:

Share %

Full Name:

Relationship:

Address:

Share %

B

In the event of my death I designate the following person(s) as beneficiary(ies) to whom all monies due to me shall be paid:

Full Name:

Relationship:

Address:

Share %

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Full Name:	Relationship:
Address:	
	Share %
Full Name:	Relationship:
Address:	
	Share %

Should you wish to include further beneficiaries, please attach an additional page.

In the case of Options A and B I understand that if none of the nominated beneficiaries survives me then the total amount remaining will be dealt with in accordance with the Trust Instrument and Plan Rules.

In the case of Option B I understand that should a designated beneficiary not survive me or die before receiving benefit then the share which would have passed to them will be distributed in equal parts to the remaining beneficiaries.

This letter cancels and replaces any previous letter I may have completed for this purpose. I understand that the Trustees can exercise discretion and are not obliged to follow my wishes.

I confirm that I have read and understood this form and that I am responsible for the accuracy of the information submitted.

Signed:
Date:
Member Name:
Member Number:

Please return this form to the address below.



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