



Expression of Wishes form

For use with Discretionary or Split Trust

This form is for you to use to express your wishes in respect of whom you would like to benefit from your Trust when you die. The Trustees of your Discretionary or Split Trust have discretion in determining who would benefit and by how much, so giving them guidance will be helpful to them. This form is not binding on your Trustees but can be used when deciding who should receive the monies from your Trust Fund.

You can change your mind as many times as you need to, but please make sure that you include a new, dated Expression of Wishes form otherwise your Trustees may not know that you have made an amendment to your previous wishes.

If your Plan is in joint names, both policyholders need to complete and sign this form. If only one person of a joint life plan provides an expression of wish, then the Trustees may be unable to use this as guidance as they will be unsure whether it is the wish of one or both of the policyholders.

If any of the people I have nominated dies before me, then I would like the Trustees to consider paying their share to:

| Full name of Beneficiary | Full address of Beneficiary | Relationship to the policyholder |
|--------------------------|-----------------------------|----------------------------------|
| | | |
| | | |

Section C: Declaration

I/We would like the Trustees to consider those persons named in Section B as possible beneficiaries for any benefits that may be payable upon my/our death. This Expression of Wishes form is to inform the Trustees of my/our preference in the proportions shown in Section B. I/we accept that the actual recipient(s) of the Trust will be at the discretion of the Trustees and that this form can be used by them when deciding how to exercise their discretionary powers. I/we understand and confirm that this Expression of Wishes form is not a legally binding contract. This form supersedes any previous Expression of Wishes form signed by me/us.

Signed

| | |
|-------------------------|-----------|
| 1st policyholder | Signature |
| | Date |

| | |
|-------------------------|-----------|
| 2nd policyholder | Signature |
| | Date |

Independent Witness - please ensure that all signatures are witnessed by someone who is not the Settlor, Trustee or a Beneficiary of the Trust. The witness must be present when each person signs the document. The same person can act as witness for all signatures, or a different person can witness the signatures.

| | | | |
|----------------------------|----------------------|-----------|------|
| Independent witness | Signature of Witness | Full name | |
| | Address | | |
| | | Postcode | Date |



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