



AIG Relevant Life Insurance Expression of Wishes form

For use with the AIG Relevant Life Insurance Split Trust declaration form.

This form is supplemental to the AIG Relevant Life Insurance Split Trust declaration form. In the event that there is any inconsistency between the AIG Relevant Life Insurance Split Trust declaration form and this document, this document will take precedence.

Please note - this form is only appropriate for the death benefit, not terminal illness benefit where the employee is always the beneficiary.

This form is for you to use to express your wishes in respect of whom you would like to receive the death benefit from the AIG Relevant Life Insurance Split Trust when you die. The Trustees of the 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 the Trustees but can be used when deciding who should receive the monies from the Trust Fund.

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

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 would like the Trustees to consider the persons named in Section B as possible beneficiaries for any benefits that may be payable upon my death. The purpose of this Expression of Wishes form is to inform the Trustees of my preference in the proportions shown in Section B. I 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 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.

Signed

The policyholder/ employee	Signature	
	Date	

Witness

(Please ensure that your signature is witnessed by someone who is not a beneficiary or a potential beneficiary of your Trust. Your witness must be present when you sign this form).

Independent witness	Signature of Witness	Full name	
	Address		
		Postcode	Date



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