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| **Willis Pension Scheme****Expression of Wishes** |  |

To: Willis Pension Trustees Limited

Please note that I wish the under-mentioned person(s) to receive the benefits payable on my death under the Willis Pension Scheme. I understand that in exercising your discretion in the disposal of the benefits you will not be bound by the expression of my wishes.

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| **Particulars of persons** |  | **Proportion of benefit** |
| Full name: |  |  |  |
| Relationship: |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Full name: |  |  |  |
| Relationship: |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Full name: |  |  |  |
| Relationship: |  |  |  |
| Address: |  |  |  |
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This form cancels any previous Expression of Wishes which I may have submitted to the Trustees.

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| Signature of member: |  | Date: |  |
| Full name (in capitals): |  | Employee number: |  |

When completed this form should be put into a sealed envelope, with your name and employee number marked on the outside, and forwarded to **Pensions Team, Willis Towers Watson, Friars Street, Ipswich, Suffolk, IP1 1TA** for safe keeping.

**Notes:**

1. Please remember to complete a fresh form if your Wishes change and at least every couple of years to ensure the Trustees are aware that your wishes remain the same. The previous form will then be destroyed.
2. We strongly recommend that you retain a copy of this form in your own personal papers.
3. In some circumstances (e.g. where the intended beneficiary is under 18 years of age) the Trustees may decide to pay all or part of the lump sum death benefit to the trustees of another trust established for the intended beneficiary.