



CF FERTILISERS UK LIMITED LIFE ASSURANCE SCHEME

EXPRESSION OF WISH FORM

Lump Sum Benefit

I fully understand that the disposal of lump sum benefits arising from my death is at the complete discretion on the Trustees. I should, however, like them to consider the person or persons listed below as possible recipients of any benefits that become payable.

Full name and address of proposed recipient(s)	Relationship	Proportion of benefit (if more than one beneficiary)
		100 %

This replaces any earlier letter I may have written to you on this matter.

Full Name:

Date of Birth:

Signature:

Date:

Notes:

This form should be completed and returned to Trigon Pensions Limited, Trigon House, The Promenade, Clifton, Bristol BS8 3NG.

If at any time you wish to vary the details above, please complete a new form. This form will then be superseded.

If there is any further information that you think may help the Trustees, please attach details.