# EXPRESSION OF WISH FORM

In the event of my death, I wish the Trustees of the BA Cityflyer Pension Plan to pay the Death Benefits arising under the Scheme to the beneficiary (ies) listed below. I understand that the Trustees will not be bound by this form and that it is only an Expression of my wishes.

|  |  |
| --- | --- |
| Full Name  | Date of Birth |
| National Insurance Number  | Current Address: |

|  |  |
| --- | --- |
| **Beneficiary 1** **Name …………………………………………………****Address ………………………………………………** **………………………………………………** **………………………………………………** **………………………………………………****Proportion of** **Benefit …………………………………………****Relationship ………………………………………….**  | **Beneficiary 2** **Name …………………………………………………****Address ………………………………………………** **………………………………………………** **………………………………………………** **………………………………………………****Proportion of** **Benefit …………………………………………****Relationship ………………………………………….** |
| **Beneficiary 3** **Name …………………………………………………****Address ………………………………………………** **………………………………………………** **………………………………………………** **………………………………………………****Proportion of** **Benefit …………………………………………****Relationship ………………………………………….**  | **Beneficiary 4** **Name …………………………………………………****Address ………………………………………………** **………………………………………………** **………………………………………………** **………………………………………………****Proportion of** **Benefit …………………………………………****Relationship ………………………………………….** |
| **Signed: ……………………………………………. Dated: ……………………………………….****Full Name: ………………………………………………** |
| **Note: In the event of a change in your Personal Circumstances a revised Expression of Wish Form should be sent to the Trustees.**  |