# 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.** | |