

Pet Nomination

To the trustees of the _____ Scheme
(insert employer's scheme name)

TO THE SCHEME MEMBER COMPLETING THIS FORM - PLEASE RETURN THE COMPLETED, SIGNED & DATED FORM TO YOUR HR REPRESENTATIVE, SO THAT IT CAN BE RETAINED BY YOUR EMPLOYER OR THE TRUSTEE(S) OF THE ABOVE NAMED SCHEME.

Expression of Wish

Please note that if no will or trust instrument is in place to effect the trust set out in this expression of wish form prior to the death of the member, any death-in-service benefits will be paid to the estate of the deceased member.

I Staff number
(insert full name of scheme member)

Hereby express the wish that in the event of my death, any lump sum benefit under the scheme be paid by the trustee(s) to the following:

Full name
Relationship to me Date of birth
Address

 Postcode
Proportion
(insert % (percentage) or share)

The above named person is to be appointed trustee of the animal welfare trust to be set up on my death. They will be responsible for maintaining or employing someone to maintain my pet:
(insert type of animal and name of pet)

Preferred guardian of the animal:
Full name
Relationship to me Date of birth
Address

 Postcode

I understand the naming of the above person to be guardian of the animal is not legally binding, and they are entitled to refuse. In this event, the appointed trustee of the animal welfare trust will appoint a suitable guardian.

I also understand and agree that fees will arise in the creation of the animal welfare trust on my death, and confirm that these fees will be settled from the lump sum benefit apportioned to the animal welfare trust as set out above.

On the death of the animal, I wish for any funds remaining in the animal welfare trust to be paid to the following person or charity:

Full name	<input type="text"/>						
Relationship to me (if applicable)	<input type="text"/>	Date of birth (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>						
	Postcode						
Full name	<input type="text"/>						
Relationship to me	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>						
	Postcode						
Proportion	<input type="text"/>						

(insert % (percentage) or share)

If you wish the benefit to be paid to more than one beneficiary, please indicate above and show in what percentage proportion you would like the benefit to be divided. Please ensure that the proportions add up to 100% in total.

I understand that this Expression of Wish is not binding upon the trustee(s) when deciding how to exercise their discretionary powers and that it may at any time be revoked or revised in a further letter from me. I understand that it is my responsibility to inform the trustee(s) of any change in my personal circumstances, which may affect the way in which benefits are to be paid.

Signed	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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