



Expression of Wishes form

For use with the AIG Discretionary Trust

This form is for you to use to express your wishes in respect of whom you would like to benefit from the Trust when you die. The Trustees of your Discretionary Trust have absolute discretion in determining who would benefit and by how much, so giving them guidance will be helpful to them. Your expression of wishes is not binding on the Trustees but can be used when they exercise their discretion and decide who should receive the monies from the Trust Fund.

You can change your mind as many times as you need to, but please make sure that you include a new, dated Expression of Wishes document otherwise your Trustees may not know that you have made any changes.

If your Policy is in joint names and was put into trust by both policyholders, both policyholders need to complete and sign this form. If only one person of a joint life policy provides an expression of wishes document, then the Trustees may be unable to use this as guidance as they will be unsure whether it is the wish of one or both of the policyholders.

RETURN THE SIGNED FORM TO THE TRUSTEES FOR SAFEKEEPING.

Section A: Your details

First policyholder/ Settlor	Full name of policyholder													
	Full address of policyholder													
												Postcode		
Second policyholder/Settlor (if applicable)	Full name of policyholder													
	Full address of policyholder													
												Postcode		
Cover reference	P											-		
Cover type														

Section B: Beneficiary or Beneficiaries

If you would like the Trustees to consider one or more persons from the classes of Potential Beneficiaries described in the Discretionary Trust, please specify those person(s) below. If you wish for more than one person to benefit, then please indicate how much of the Trust Fund you wish for them to receive. You can do this by stating a percentage to the overall total - for example: Billy, son, 25%. This would mean that you wish for your son, Billy, to receive $\frac{1}{4}$ of the Trust Fund.

Full name of Beneficiary	Full address of Beneficiary	Relationship to the policyholder	Percentage (%) of the Trust Fund Column total must equal 100%

If any of the people I have nominated dies before me, then I would like the Trustees to consider paying the share of that deceased Beneficiary to:

Full name of Default Beneficiary	Full address of Default Beneficiary	Relationship to the policyholder

Section C: Declaration

I/We would like the Trustees to consider those persons named in Section B of this Expression of Wishes document as possible beneficiaries for any benefits that may be payable upon my/our death. This Expression of Wishes is to inform the Trustees of my/our preference in the proportions shown in Section B. I/we accept that the actual recipient(s) of the Trust Fund will be at the absolute discretion of the Trustees and that this document can be used by them when deciding how to exercise their discretionary powers. I/we understand and confirm that the Trustees will not be bound by this Expression of Wishes document, however, I/we ask that they consider my/our nominations. This document replaces and supersedes any previous Expression of Wishes signed by me/us.

Signed:

First policyholder	Signature	Date
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Second policyholder	Signature	Date
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