

Expression of Wish Form

Your Details

Member Name:	
Date of Birth:	
National Insurance Number (NINo):	

To: **the Trustees of the Professional Footballers Pension Scheme**

In accordance with the provisions of the Scheme, a cash sum may be paid in the event of my death.

I wish to nominate the following to receive any benefit in the proportions indicated.

This Expression of Wish overrides any previous one(s) that I may have made.

Beneficiary Details

Name	Address(es)	Date of Birth	Relationship to me (if any)	Proportion of benefits
		___/___/___		_____ %
		___/___/___		_____ %
		___/___/___		_____ %
		___/___/___		_____ %
		___/___/___		_____ %

Your Declaration and Signature

I understand this nomination is not legally binding, but will be carefully considered by the Trustees before any payment is raised.

Signature:

Date:

Return Address

Please return
this form to:

The Trustees of the Professional
Footballers Pension Scheme
c/o Broadstone
11 Europa View
Sheffield Business Park
Sheffield
S9 1XH