

**To The Trustee of the
YMCA GROUP LIFE ASSURANCE SCHEME**

Name of Member
(Block capital please)

National Insurance Number

Current address:

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I understand that this request is not binding on the Trustee, but in the event of my death while a member of the Scheme I would like the Trustee to consider making payment of the lump sum benefit to:-

NOTES TO MEMBER

1. Relationship: (a) enter relationship to the named person e.g. child, spouse, civil partner, parent, grandparent etc or (b) not related you, but you have contributed to his/her maintenance or education, e.g. partner, friend etc.
2. In the event of any change in circumstances, it is your responsibility to see that any alteration in your wishes is made known to the Trustees by submitting a further form.
3. Any change in the address of the person(s) named should also be notified.

Delete whichever is not applicable

(a)

Name & Address	Relationship see Notes to Member above	Percentage /Fixed sum

(continue on a separate page if necessary)

(b) MY ESTATE

This form cancels any previously submitted expression of my wishes in connection with the disposal of lump sum death benefit.

Data Protection Act 1998

I consent for the purpose of the Data Protection Act 1998 to the above being held and processed by the Trustee.

Signed..... Dated.....