

Letter of Wishes Form

Name of Plan: UCC Supplementary Life Assurance Scheme ("the Scheme")


Member's Name:

To:

The Trustee

I fully understand that the lump sum death benefit under the Scheme is paid by the Trustee at its own discretion. I would, however, request the Trustees to consider paying such benefit to the person(s) specified below:

Full Name (Block Capitals)	Address (Block Capitals)	Relationship (if any) to you	Proportion of Benefits (if more than one person named)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Signature: <input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

1. The completed form should be returned to Department of Human Resources, Ground Floor, Block E, Food Science Building, University College Cork, College Road, Cork.
2. If you wish, you may enclose the form in a sealed envelope and put the name of the Scheme and your own name on the outside of the envelope.
3. It is your responsibility to see that any alteration in your wishes is made know to the Trustee by submitting a further Letter of Wishes Form.
4. The Trustee will take into account anyone named by you in this Letter of Wishes Form, but has the discretion to pay the lump sum to any other beneficiary or dependant as set out in Scheme Trust Deed and Rules. The lump sum can also be paid to your estate.

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