

Expression of wish form

So your policy benefits can be payable to a specific person

Your full name

Policy number

I wish the following person (or persons) to receive any policy money which becomes payable as a result of my death.

Please clearly insert the full name and address of the people you wish to receive the policy money on death and the percentage (%) share that each person is to receive if you are nominating more than one person.

Complete the numbered sections on the form using black ink and writing in CAPITAL LETTERS.

1. Name and address of the people who are to benefit 2.% Share

| Name and address of the people who are to benefit | 2.% Share |
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• If you don't provide the full name and address of your intended beneficiary(s) or If any details are missing or unclear we will not be able to register your nomination.

Please also complete the % share box for each of your beneficiaries. If this is not completed we will assume that each beneficiary will receive an equal share.

3. What is your relationship to the person(s) named above?

I understand that this arrangement is not enforceable by UK Law but AXA Sun Life will try, where possible, make sure that payment is made on my death to my nominated beneficiary (If the amount payable is over £10,000 additional documents may be required).

4. Signature of the policyholder

5. Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

6. Signature of the witness

• The witness to your signature must not be the person(s) who you have nominated as your beneficiary.

7. Full name and address of the witness

AXA Sun Life a member of the AXA Group, will hold and use the information I provide on this form to pay policy money to the beneficiaries of my choice. You may send it in confidence for processing to other companies in the AXA Group (or companies acting on your instructions) including those located outside the European Economic Area. By signing this form I consent to this use of my personal data. I confirm that I am authorised to provide personal information about the beneficiaries to you. You will not use personal information about beneficiaries provided on this form for marketing purposes.

• Please return your completed form to:
AXA Sun Life
Customer Service – NPE
AXA Centre
P.O. Box 1810
Bristol
BS99 5SN