

# Expression of wish form

When you are an active member of the Construction Workers’ Pension Scheme, a lump sum death-in-service benefit is payable, at the discretion of the Trustees, on your death. The death-in-service benefit cannot be part of any will you may make so you may wish to nominate the person(s) to whom you would like these benefits to be paid. This form is designed to make your wishes clear and is not binding on the Trustees. It will only be examined upon your death, and you may change it at any time. Please ensure that the original, and any subsequently changed Letter, are in the hands of the Trustees, as this is the only way the Trustees can be aware of your wishes.

To complete your expression of wishes, please fill in the form below, place it in a sealed envelope (with your name indicated) and return it to The Trustees of the Construction Workers’ Pension Scheme.

Once you have completed and returned this form it will take priority over any previous forms that you may have completed and returned to us.

Please complete this form in BLOCK CAPITALS

## Section 1: Your Personal Details

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

CWPS Member ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Spouse/Civil Partner First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Section 2: Nomination of wishes

To the Trustees of the Construction Workers’ Pension Scheme. In the event of my death, I hereby request that you distribute any benefits which are within your discretion among the following named persons and in the proportions indicated:

Name and address of Beneficiary	Relationship to me*	Benefit Proportion
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

\*For example: spouse, civil partner, partner, daughter, son, parent, brother, sister etc

I understand that this is only an expression of my wishes, which I may change at any time. I understand that this letter is only for the assistance of the Trustee and is not binding upon them. I hereby cancel any previous wishes that I may have expressed in this regard.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed forms to: Construction Workers’ Pension Scheme (CWPS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 497 7663 | e: info@cwps.ie | w: www.cwps.ie