



**CERS**

BUILDING FOR YOUR FUTURE

EXPRESSION OF WISHES FORM



To: The Construction Executive Retirement Savings Trustees DAC

FROM:

Name

Address

PLEASE USE BLOCK CAPITALS



Member ID

Date of Birth

Phone no

Company

Email address

**Death Benefits**

I hereby request that, in the event of my death, you pay the cash sum benefit to the following person(s)

Name & Address

Relationship

Proportion of Benefit  
(e.g. 25%, 50% etc)













I hereby request that, in the event of my death, you pay a dependant's pension to the following person(s)

Name & Address

Relationship

Proportion of Benefit  
(e.g. 25%, 50% etc)













I UNDERSTAND THAT MY WISHES, WHILE THEY WILL BE TAKEN INTO ACCOUNT, ARE NOT BINDING ON THE TRUSTEE.

ANY PREVIOUS NOMINATION FORM OR EXPRESSION OF WISHES THAT I HAVE COMPLETED IS HEREBY CANCELLED.

Signature

Date

06-18-Confidential

When completed this form should be returned to **CERS, Canal House, Canal Road, Dublin 6**

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