



**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:

Email address:

Date of Birth:

Phone No:

Company:

### 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)
<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"/>

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)
<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"/>

**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:

**Completed forms should be returned to:** Construction Executive Retirement Savings (CERS), Linden House, 4 Clonskeagh Square, Clonskeagh Road, Dublin 14, D14 FH90 | t: (01) 407 1430 | e: info@cers.ie