

Barnardo's Retirement Savings Plan (BRSP) Expression of

Wish form (for additional insured lump sum payment only)

Believe in children



Barnardo's

Your details: PLEASE COMPLETE IN BLOCK CAPITALS

Full name:

Title

Address:

Post Code:

Date of birth

Employee no:

Please use the space below to make clear to the BRSP Management Committee that they should consider paying the additional insured lump sum benefit (not the Aviva plan 'return of fund', which requires a separate form) payable on your death to the following person(s) or charities, in the proportions indicated (continue overleaf if necessary).

Full name	Date of birth	Address	Relationship	%
				100%

Declaration

I understand that this Expression of Wish form is not binding upon the Barnardo's BRSP Management Committee and may at any time be revoked or revised in a further Expression of Wish form completed by me.

Signed:

Date:

Return this form to: Pensions Department, Barnardo's, Tanner Lane, Barkingside, Ilford, Essex IG6 1QG