



Merchant Navy Ratings Pension Fund
Expression of Wish Form

Member's Full Name

Member's MNRPF Membership Number

To: The Trustee of the Merchant Navy Ratings Pension Fund

Expression of Wish in respect of lump sum death benefits

In the event of my death it is my wish that the Trustees apply any lump sum benefit due in the manner stated below. I understand that this Form is not binding on the Trustees.

Person(s) Nominated:

A. Full Name

Address

.....

.....

Relationship

Share

C. Full Name

Address

.....

.....

Relationship

Share

B. Full Name

Address

.....

.....

Relationship

Share

D. Full Name

Address

.....

.....

Relationship

Share

Signed

Dated.....