

**BLUE RIBAND**

**EXPRESSION OF WISHES FOR PAYMENT OF DEATH BENEFITS**

This form should be used to:

- nominate your beneficiary (or beneficiaries) for any cash sums payable from Blue Riband after your death.

You can change these nominations at any time by submitting a revised form to the Trustee. Please return your completed form to the Trustee at the address given overleaf.

**1 BLUE RIBAND PRODUCT** *(Please tick as appropriate)*

- Channel Islands Retirement Plan
- Guernsey Retirement Annuity Trust Scheme - Individuals
- Guernsey Retirement Annuity Trust Scheme - Employer Sponsored
- Isle of Man Retirement Plan
- International Retirement Plan
- Global Retirement Annuity Trust Scheme
- Individual Employer Sponsored Plan

**1 PERSONAL DETAILS** *(Please print in BLOCK LETTERS)*

Name of your Employer   
(If you are a member of Blue Riband through your employment)

Your Name   
First name Middle name(s) Last name

Mr.  Mrs.  Ms.  Other (Please specify) (Dr, Sir etc)

Address   
Name / Number Street

Parish Island Post/ZIP Code

Telephone Number  Email Address

Social Security/National Insurance No.

**BLUE RIBAND**

**EXPRESSION OF WISHES FOR PAYMENT OF DEATH BENEFITS** *(continued)*

**2 NOMINATIONS FOR PAYMENT OF LUMP SUM DEATH BENEFITS**

I understand that in accordance with the provisions of Blue Riband, the Trustee will ultimately decide who is entitled to receive and in what proportions, any lump sum benefits payable by Blue Riband after my death. My beneficiary nomination(s) will be taken into consideration, but are not legally binding.

I would like to nominate the following individual(s) to receive lump sum benefits in the proportions stated: *(you can designate one or more beneficiaries).*

			<i>Proportion of benefit</i>
<b>Beneficiary 1</b>	Full Name	<input type="text"/>	<input type="text"/> %
	Address	<input type="text"/>	
	Relationship	<input type="text"/>	
<b>Beneficiary 2</b>	Full Name	<input type="text"/>	<input type="text"/> %
	Address	<input type="text"/>	
	Relationship	<input type="text"/>	
<b>Beneficiary 3</b>	Full Name	<input type="text"/>	<input type="text"/> %
	Address	<input type="text"/>	
	Relationship	<input type="text"/>	
<b>Beneficiary 4</b>	Full Name	<input type="text"/>	<input type="text"/> %
	Address	<input type="text"/>	
	Relationship	<input type="text"/>	

If you wish to designate more than four beneficiaries, please list them on an additional sheet and attach it to this form.  %

BLUE RIBAND

EXPRESSION OF WISHES FOR PAYMENT OF DEATH BENEFITS *(continued)*

3 DECLARATION

The information on this form will be held by the Trustee of Blue Riband, for the purpose of administering benefits under Blue Riband. By signing this form you acknowledge that this information will be held and processed by the Trustee and the Administrator in order to provide benefits under the Trust.

I hereby:

- Understand that the nominations made on this form are not legally binding (Blue Riband's Trustee will ultimately decide who is entitled to receive any cash sum payable from Blue Riband);
- Acknowledge that the information provided on this form supersedes any beneficiary nomination(s) I may have provided earlier in relation to the product I have specified in Section 1;
- Acknowledge that the Administrator and Trustee will keep records, as detailed above.

Signature

dd / mm / yyyy

*Please retain a copy of this form for your own records and return the original to:  
The Administrator of Blue Riband, BWCI Pension Trustees Limited,  
PO Box 68, Albert House, South Esplanade, St Peter Port, Guernsey, GY1 3BY.*