

Expression of Wish Form - Life Cover

(December 2025)

This expression of wish form is for use in relation to Life Cover only. It is also important to complete an expression of wish form for the pension scheme(s) that you are a member of. You can find details for the relevant pension scheme(s) requirements on Compass.

This form should be completed electronically and submitted to People_Admin@RNLI.org.uk

Personnel number

First name

Middle name(s)

Surname

Date of birth

Home address

Post code

Town

County

Home phone

Mobile phone

Email address

National Insurance no.

Section 2: Group Life

All RNLI employees are entitled to life cover as an employee benefit, from their first day of employment. More information is available on Compass.

I understand that the application of lump sum death benefits is at the complete discretion of the Scheme Trustees. I would, however, like the Scheme Trustees to consider paying benefits to the people specified below. The Trustees of the RNLI Life Cover arrangement will consider how the benefit is payable should a claim arise taking into account any implications to the Lifetime Allowance (LTA).

Full Name

Address

Relationship (if any)

Proportion of benefits
(as a %, must total 100%)

This cancels any previous nomination I may have made.

Signed (enter name)

Date

A copy of this form will be held on your personnel record, and you should also keep a copy for your own records.

If you wish to change who you would like your benefits to be paid to, please complete another Expression of Wish form



Lifeboats