



**CERS**

BUILDING FOR YOUR FUTURE

Construction Executive Retirement Savings

EXPRESSION OF WISHES FORM



To: The Construction Executive Retirement Savings Trustees Limited

FROM:

Name

\_\_\_\_\_

Address

PLEASE USE BLOCK CAPITALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THAT MY WISHES, WHILE THEY WILL BE TAKEN INTO ACCOUNT, ARE NOT BINDING ON THE TRUSTEES.  
ANY PREVIOUS NOMINATION FORM OR EXPRESSION OF WISHES THAT I HAVE COMPLETED IS HEREBY CANCELLED.

Signature \_\_\_\_\_

Date

\_\_\_\_\_

When completed this form should be returned to **CERS, Canal House, Canal Road, Dublin 6**

Tel: +353 (1) 407 1430 | Fax: +353 (1) 507 7490 | Email: info@cers.ie | Web: www.cers.ie