



LETTER OF WISHES

Introduction

For use with discretionary trust forms provided by Royal London (and the divisions known as Bright Grey and Scottish Provident)

You should complete this form to tell your trustees which of the discretionary beneficiaries you would like to receive the benefits from your plan. If the trust is a split trust, you should only include the gifted benefits (shown on the trust) in this form.

The discretionary trust is very flexible. Your trustees can direct the benefits to any of the discretionary beneficiaries referred to in your trust.

While you cannot restrict your trustees' discretion to use this power, you can use this letter to guide them as to your preferences and the matters you would like them to take into account when deciding which beneficiaries should receive benefits.

Notes on completion

This letter of wishes is provided strictly as a draft for the consideration of your legal advisers. Royal London cannot accept any responsibility for loss of any nature caused by the use unchanged or otherwise of this letter. Any guidance given on completion of the letter is given on the basis that having discussed the letter with your legal advisers it is used unchanged.

If you cannot express your wishes in this letter, you should seek independent advice on how best to explain your wishes to your trustees.

If the plan is a Royal London Personal Menu Plan, Scottish Provident Self Assurance Plan or Bright Grey Personal Protection Menu Plan and you would like specific beneficiaries to receive specific benefits you should complete section A.

If the plan is a Scottish Provident Self Assurance Plan, Scottish Provident Pegasus Plan, Bright Grey Personal Protection Menu Plan or Royal London Personal Menu Plan and you would like specific beneficiaries to receive a percentage or share of the total amount of benefits you should complete section B.

If you would like the benefits to be distributed in a way that cannot be shown in section A or section B, you should complete section C.

Section C can also be used if you would like to include any other information that you think may be relevant to your trustees.

Please send a completed form to each of your trustees so that they have a record of your wishes. You should also keep a copy of the completed form with the principal trust deed. You do not need to send a copy of this form to Royal London

You can write to your trustees to cancel or amend this letter of wishes at any time. However, the trustees always have discretion to decide which of the discretionary beneficiaries to make payment to.

Personal details

Your Name		
Plan Number		
	To: The Trustees	
	please take into account the following reque	and to act in accordance with my/our wishes, est for the payment of any of the benefits from the iciaries on my death/the death of either or both of
	Note: Complete section A or B or C to tell you paid. You can also provide additional informat	ur Trustees how you would like the benefits to be tion in section C.
	In the event of my death or earlier terminal il either or both of us I/we would like the Trus following Discretionary Beneficiaries as sho	
Α		
		ch beneficiary and the details of the benefit that you plit trust, do not include the retained benefits (as
	Name & Address of Beneficiary	
Name		
Address		
		Postcode
	Type of Cover	Person Covered
	Cover Amount	Cover Term
Name		
Address		
		Postcode
	Type of Cover	Person Covered
	Cover Amount	Cover Term

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	Name & Addres	ss of Beneficiary				
Name						
Address						
			D. d. d.			
			Postcode			
	Type of Cover		Person Cov	ered		
	Cover Amount		Cover Tern	, [
	Cover Amount		_ Cover rem	'' [
Name						
Address						
			Postcode			
	Type of Cover		Person Cov	ered		
	Cover Amount		Cover Tern	n		
	reasonable prov	d above should fail to be paid to vision for the disappointed ben fits listed above. (Delete as app	eficiary of suc			
5						
<u>B</u>						
	and the percent percentages, th	the name and address of each age or share (i.e. ½ or ¾) that e total should be 100% and if s	you would like	to be p	aid to ther total shoul	m. If specifying Id be one.
Name	Beneficiary Nar	ne			rcentage	or Snare
				%(of Share	
Address						
			Postcode			
Name				%(of Share	
Address						
Address						
			Postcode			
Name				% (of Share	
Address						
			Postcode			

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	Beneficiary Name		Percentage o	r Share
Name			% of Share	
Address				
	Po	ostcode		
Name			% of Share	
Address			70 01 311a1 e	
Address				
	Po	ostcode		
Name			% of Share	
Address				
	Po	ostcode		
С				
	Note: Explain how you would like the benefits to be or B. You can also provide any other information whi	distributed if ich you feel n	you have not co nay be relevant t	mpleted section A to the Trustees.

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In exercising the power of appointment and other powers conferred upon you, I/we would ask that you take taxation and any other relevant factors into account.

In the future I/we may want to alter these wishes but I/we will notify you in writing of any changes.

I/we understand that this Letter of Wishes is not binding on the Trustees and that I/we can cancel or amend it at any time.

	Note: The letter of wishes should be signed and dated after the trust has been completed.
	Signature 1
Name	
Signature	
Date	
	Signature 2
Name	
C !	
Signature	
Date	



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November 2015 P6LT0011