



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

This information will be used for the usual administration and analysis purpose – see more at www.royallondon.com/protectionprivacy. This also applies if you're the person covered.

Your Name

Plan Number

To: The Trustees

While I/we understand that you are not bound to act in accordance with my/our wishes, please take into account the following request for the payment of any of the benefits from the Plan being held for the Discretionary Beneficiaries on my death/the death of either or both of us as applicable.

Note: Complete section A or B or C to tell your Trustees how you would like the benefits to be paid. You can also provide additional information in section C.

In the event of my death or earlier terminal illness/the death or earlier terminal illness of either or both of us I/we would like the Trustees to consider paying the benefits to the following Discretionary Beneficiaries as shown:

A

Note: Complete the name and address of each beneficiary and the details of the benefit that you would like to be paid to them. If the trust is a split trust, do not include the retained benefits (as shown in the trust).

We only use this information to pay your benefits in the event of your death. Please make sure your beneficiaries are aware of how we use their information.

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

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

If a benefit listed above should fail to be paid to the Trustees, I/we would ask that you make reasonable provision for the disappointed beneficiary of such a benefit from the proceeds of the other plan benefits listed above. (Delete as appropriate)

B

Note: Complete the name and address of each beneficiary that you would like to receive benefits and the percentage or share (i.e. 1/2 or 3/4) that you would like to be paid to them. If specifying percentages, the total should be 100% and if specifying shares the total should be one.

Beneficiary Name **Percentage or Share**

Name % of Share

Address

Postcode

Name % of Share

Address

Postcode

Name % of Share

Address

Postcode

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

Signature

Date



Royal London

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