

Expression of Wish

If you would like to record the names of your beneficiaries so the benefits from your policy can be payable to specific people, please complete this form and return it to us for safekeeping. Please note, this form does not replace your Will.

Your full name

Your Policy number

Complete the sections on the form using black ink and writing in CAPITAL LETTERS.

Please clearly insert below the full names, addresses and date of birth of the persons you wish to receive the benefits from your policy on your death, and the percentage (%) share each person is to receive if you are nominating more than one person. Please also state your relationship to each person.

DECLARATION

I wish the following person (or persons) to receive any money which becomes payable from this policy as a result of my death:

Name and address of the persons who are to benefit <i>(See note 1 below)</i>	Date of Birth	% share <i>(See note 2 below)</i>	My relationship to the person
Total		100%	

I understand that this arrangement is not enforceable by UK Law but AXA Wealth Ltd will try, where possible, to make payment on my death to my nominated beneficiaries (and that if the amount payable is over £10,000 additional documents may be required).

Signature of the policyholder		Date	D	D	M	M	Y	Y
Signature of the witness		Date	D	D	M	M	Y	Y
Full name and address of the witness <i>(See note 3 below)</i>								

Data Protection Act: I understand that AXA Wealth Ltd and AXA Wealth Services Ltd will hold and use the information I provide on this form to pay the benefits from this policy and that AXA Wealth Ltd may send it in confidence for processing to companies acting on their instructions including those located outside of the European Economic Area. By signing this form I consent to this use of my personal data.

I confirm that I am authorised to provide personal information about the beneficiaries to AXA Wealth Ltd. I understand that AXA Wealth Ltd will not use personal information about beneficiaries provided on this form for marketing purposes.

Notes

1. If you don't provide the full name, address and date of birth of your intended beneficiaries, or if any details are missing or unclear we will not be able to register your nomination.
2. Please complete the 'percentage share' box for each of your beneficiaries. If this is not completed we will assume that each beneficiary will receive an equal share.
3. The witness to your signature must not be one of the persons you have nominated as your beneficiary.

Please return your completed form to Customer Service, Sun Life Direct, NPE, PO Box 446, Bristol, BS99 1DR.

AXA Wealth Ltd is the provider of your policy and trades as Sun Life Direct. AXA Wealth Ltd is a company limited by shares and the registered office is at 5 Old Broad Street, London EC2N 1AD (registered in England, no. 01225468). AXA Wealth Ltd is authorised and regulated by the Financial Services Authority and is entered on the Financial Services Authority's register (registration no.119201). As part of our commitment to quality service and security, telephone calls will be recorded.

