

## Expression of Wishes Form

 $\triangleright$ 

To:	The CIRT Trustee			
From:				
Name				
Address Please USE BLC	CK CAPITALS			
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 Trustee. Any previous Nomination Form or Expression of Wishes that I have completed is hereby cancelled.					
Signature	Date				
<ul> <li>When completed this form should be returned to CIRT, Canal House, Canal Road, Dublin 6</li> <li>Tel: +353 (1) 407 1430   Fax: +353 (1) 507 7490   Email: cirt@cpas.ie   Web: www.cirt.ie</li> </ul>					