

Expression of Wishes Form

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| 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) |
|----------------|--------------|--|
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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) | | | |
|--|--------------|--|--|--|--|
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| 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 | | | | |
| When completed this form should be returned to CIRT, Canal House, Canal Road, Dublin 6 Tel: +353 (1) 407 1430 Fax: +353 (1) 507 7490 Email: cirt@cpas.ie Web: www.cirt.ie | | | | | |