# Expression of Wishes

This Expression of Wishes is not legally binding but serves as guidance to the trustees of my life policy trust regarding how I would like the trust benefits to be distributed in the event of my death. The trustees retain ultimate discretion under the terms of the trust.

## 1. Client Details

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy / Plan Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2. Beneficiaries

I wish the trustees to consider distributing the trust fund as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship to Me | Address | Share (%) or Details of Benefit |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Alternate Beneficiaries (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship to Me | Address | Share (%) or Details of Benefit |
|   |   |   |   |
|   |   |   |   |

## 3. Trustees

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Address | Contact Number | Email |
|   |   |   |   |
|   |   |   |   |

Successor Trustees (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Address | Contact Number | Email |
|   |   |   |   |
|   |   |   |   |

## 4. Additional Notes or Special Wishes

Please use this section to outline any specific circumstances, priorities, or additional instructions for your trustees to consider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## 5. Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Witness Name: |  | Witness Signature: |  |
| Date: |  |  |  |