Wishes form

Your personal details

The Law Society of Ireland Pension and Life Assurance Scheme

When completed, this form should be returned to the HR Department to be stored electronically on the member's file. Please use black ink and BLOCK CAPITALS throughout.

Name			PPS number
Your <i>Beneficiari</i> es' de	etails		
In the event of my death in s follows:	ervice, I request that my	lump sum dea	th in service benefit be distributed as
Name		Address	
Relationship			
Proportion	%		
Name		Address	
Relationship			
Proportion	%		
Name		Address	
Relationship			
Proportion	%		
Name		Address	
Relationship			
Proportion	%		
Name		Address	
Relationship			
Proportion	%		
Please note that the total of yo	ur proportions must equal	100%.	
If you have more Beneficiaries	please feel free to attach	copies of this for	rm.
I have a total of Ber	neficiaries and have atta	ched	additional sheets.
Your authorisation			
I understand that my wishes	, while they will be taken	into account,	are not binding on the Trustees.
Signature			Date
- J			

Waiver form 2024 Edition 1/1