**Life Assurance Form**

To: The Trustee of Anchor Trust Life Assurance Scheme

In the event of my death, I would like any lump sum benefit arising under the scheme to be paid to the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Details of relationship or dependency** | **Proportion of benefit****(must total 100%)** | **Date of Birth of anyone under 18 years** |
|  |  |  |  |  |

I understand that this expression of my wish in no way detracts from the absolute discretion of the Trustee and does not impose any obligations on the Trustee whatsoever.

**Signature of employee:……………………………………………..….Date:……………..……**

**Print Name in full:…………………………………………………………………………………..**

**Job Title:……………………………………………....Location:…………...……….………..….**

**On completion of form please return as instructed below:-**

**Care Homes/Home Care** – Please pass onto your Line Manager to be retained on your personal employee file.

**Housing (rented and leasehold)/Central Support** – Please return the completed form to your line manager so that they can upload this onto MSS.

**Managers please note that guidance on how to do this can be found on the bridge using the following file path: Departments and Teams / Human Resources / myHR / MyHR User guides / Attach new documentation.docx**

New forms are available to download from the wellbeing website: <https://anchorbeingwell.co.uk/lifeassurance>