

Adding a gifted benefit

You should use this form when your plan is already written under Trust and you want to include a new cover as a Gifted Benefit. Gifted Benefits are the covers within your plan that you want to give away. If you would like your new cover to be a Gifted Benefit please complete this form and send it to your Trustees. If you would like your new cover to remain a Retained Benefit you do not need to do anything. Your new cover is automatically included as a Retained Benefit under this Trust. Retained Benefits are the covers within your plan that you want to keep for yourself.

Your Trust Details ("the Trust")

Plan number

Declaration of Trust signed

Date	/	/
------	---	---

Settlor 1
Name
Address

Settlor 2
Name
Address

The following is written as if one person is the plan owner. If there are two plan owners, please read 'I' as 'we' and 'me' as 'us'.

I refer to the Trust in your favour as Trustees, relating to the above numbered Bright Grey plan. I hereby notify you that I have added the benefit detailed below to the plan, and this benefit is to be regarded as a Gifted Benefit in accordance with the Trust.

Settlor 1		
Signature		
Date	/	/

Settlor 2		
Signature		
Date	/	/

Adding a gifted benefit

Under 'Benefit' you should put the name of the benefit you wish to give away exactly as it is shown on your Quote or Cover Summary, for example 'Life or Critical Illness Cover'. Under 'Person Covered' you should put only the name of the person covered by that benefit as shown on your Quote or Cover Summary.

Under 'Named beneficiaries' you should put the full name of the person you wish to receive the 'Benefit' named in that section (1 or 2). If you name more than one person, you should put the share each is to receive under 'Appropriate share'.

1 Benefit	Person covered	Benefit amount
<input type="text"/> 	<input type="text"/>	<input type="text"/>
	<input type="text"/>	

Named beneficiaries	Appropriate share
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2 Benefit	Person covered	Benefit amount
<input type="text"/> 	<input type="text"/>	<input type="text"/>
	<input type="text"/>	

Named beneficiaries	Appropriate share
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>