

**UK Beneficiary Designation Form/Expression of Wish
Level B and Level I-IV Employees**



Surname, Forename, Middle Initial:	Employee ID:
Address 1:	Group/Branch
Address 2:	
City, County, Postal Code:	

Basic Life Beneficiary

Please indicate beneficiary information in the space provided below. Complete the "% of Benefit" column for primary (PRI) and contingent (CON) beneficiaries using whole percentages. The total of all primary percentages must equal 100% and the total of all contingent percentages must equal 100%.

Beneficiary(ies) Name (Surname) (Forename) (MI)	Address, City, Postal Code	Relationship	Date of Birth (dd/mm/yyyy)	Gender (M or F)	% of Benefit	(Tick One)	
						PRI	CON

In the event of my death, I wish the Trustees of the Enterprise Rent-A-Car UK Limited Death in Service Scheme to pay the Lump-Sum Death Benefit arising under the scheme to the beneficiary(ies) listed above. I understand that the Trustees will not be bound by the form and that it is only an Expression of my wishes.

Signature: _____ **Date:** ____/____/____