**THE REPRESENTATIVE BODY OF THE CHURCH IN WALES  
CLERGY DEATH IN SERVICE SCHEME**

**Expression of Wish Form**

From: Full Name (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Trustees of the Representative Body of the Church in Wales Clergy Death in Service Scheme

The Representative Body of the Church in Wales  
2 Callaghan Square

Cardiff

CF10 5BT

I refer to my membership of The Representative Body of the Church in Wales Clergy Death in Service Scheme and fully understand that the distribution of the death benefit is at the discretion of the Trustees. In this context, I should like to notify my wishes and request that consideration be given to the payment of the death benefit to the person(s) or organisation(s) specified below (in the shares indicated).

|  |  |  |
| --- | --- | --- |
| **Full Name and Address** | **Relationship (if any)** | **Share** |
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|  |  |  |
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This form supersedes any earlier form that I may have completed on the matter.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This information is held in strict confidentiality. Please return to the Stipends section in a sealed envelope bearing your full name and National Insurance number.***

**CORFF CYNRYCHIOLWYR YR EGLWYS YNG NGHYMRU  
CYNLLUN MARW MEWN SWYDD I GLERIGION**

**Ffurflen Mynegi Dymuniad**

Oddi wrth: Enw llawn (Priflythrennau) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhif Yswiriant Gwladol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At: Ymddiriedolwyr Cynllun Corff Cynrychiolwyr yr Eglwys yng Nghymru i Glerigion sy’n Marw mewn Swydd  
Corff Cynrychiolwyr yr Eglwys yng Nghymru

2 Sgwâr Callaghan

CAERDYDD

CF10 5BT

Cyfeiriaf at fy aelodaeth o Gynllun Corff Cynrychiolwyr yr Eglwys yng Nghymru i Glerigion sy’n Marw mewn Swydd, ac rwy’n llwyr ddeall mai yn ôl doethineb yr Ymddiriedolwyr y dosberthir y budd-dal marwolaeth. Yn y cyd-destun hwn, hoffwn hysbysu fy nymuniadau a gofyn am ystyried talu’r budd-dal marwolaeth i’r person(au) neu’r mudiad(au) a benodir isod (yn ol y cyfrannau a ddynodir).

|  |  |  |
| --- | --- | --- |
| **Enw Llawn a Chyfeiriad** | **Perthynas (os oes un)** | **Cyfran** |
|  |  |  |
|  |  |  |
|  |  |  |

Mae’r ffurflen hon yn cymryd lle pob ffurflen gynharach y gallaf fod wedi ei chyflwyno ar y mater.

Arwyddwyd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dyddiad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Delir yr wybodaeth hon yn llwyr gyfrinachol. Dychwelwch y ffurflen i’r Adran Gyflogau mewn amlen dan sêl, gan nodi eich enw llawn a’ch rhif Yswiriant Gwladol.***