

Flexible Future Benefits Trust: Option Form

This form should be used to give instruction as to what will happen to the Policy Fund when it reach its entitlement date. Please complete <u>all</u> sections in **Part A** and select one option from **Part B**.

Part A			
Trust Name			
Bond Number	Policy Numbers		
Policy Fund	Entitlement date		
A separate Option Form <u>must</u> be comple	ted for each Policy Fund that the settlor has bec	ome entitled to.	
Part B			
Policy Fund when the trust was establish	entitled to the Policy Numbers of the above num ed. on in relation to the entitlement of the above Policy		
	ider the Policy Numbers to which they will become rrender Form for the Policy Numbers in this Policy		
Option 2: The settlor wishes to defe	r the entitlement date of the Policy Fund to the f	(insert year only)	
	eneficial ownership of the Policy Numbers to revert are trust until such time as the settlor instructs the		
Part C: Signed and delivered by			
	Settlor	Trustee	
Full name			
Signature			
	Trustee	Trustee	
Full name			
Signature			

Date (dd/mm/yyyy)

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