

Local Government Pension Scheme
Death Grant – Expression of Wish Form

RETIRE2

Please use this form in conjunction with the notes provided.

Section 1 Your Personal Details (Please use BLOCK CAPITALS)

Surname: _____ Title: _____

Forenames: _____ Previous Surname(s): _____

Address: _____

Post Code: _____ Date of Birth: _____

Home Email Address: _____ National Insurance No: _____

Home Phone No: _____ Work Phone No: _____

Employer: _____ Payroll No (if known): _____

Section 2 Nominee(s) Details (Please use BLOCK CAPITALS)

In the event of my death it is my wish that any lump sum death benefit available under the Local Government Pension Scheme be paid as follows:

(1) Name: _____

Address: _____

Post Code: _____

Relationship to you: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

(3) Name: _____

Address: _____

Post Code: _____

Relationship to you: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

(2) Name: _____

Address: _____

Post Code: _____

Relationship to you: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

(4) Name: _____

Address: _____

Post Code: _____

Relationship to you: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

Please continue on a separate sheet if you have additional nominees.

If you are nominating more than one person or organisation, please specify the percentage of death grant you would like each to receive. The total must add up to 100%.

IMPORTANT: If you have nominated your spouse, civil partner or cohabiting partner and in the event of you both passing away together, please indicate below how you wish the Death Grant to be distributed (eg split equally between children or other family members etc).

(1) Name: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

(2) Name: _____

Date of Birth (if under 18): _____

Percentage Share: _____ %

Section 3 Authorisation

I authorise any lump sum death benefit resulting from my death to be paid to whoever I have named above. I understand that this replaces any previous Expression of Wish made and that The Pension Fund has absolute discretion in making payment.

Signature: _____ Date: _____

The information which is collected on this form will be held and processed in line with the Data Protection Act. The information will be shared between Cambridgeshire and Northamptonshire County Councils for the purposes of pension administration.

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.