

EXPRESSION OF WISH FOR PAYMENT OF A DEATH GRANT

As a member of the Local Government Pension Scheme any death grant that may become payable from the Scheme can be made to, or for the benefit of, your nominee or personal representatives.

However an expression of wish will be disregarded by the administering authority if at the time of your death:

- The chosen beneficiary(ies) has died, or
- The chosen beneficiary(ies) was, but is no longer, your husband or wife, civil partner or cohabiting partner, or
- The administering authority considers that the circumstances are such that it would not be reasonably practicable to make payment to the chosen beneficiary(ies).

If you do not complete an expression of wish, any death grant to which an entitlement may arise upon your death, will be paid to your personal representatives. This means that it could form part of your estate and be subject to inheritance tax if the value of your estate exceeds HM Revenue & Customs limits.

You may cancel your expression of wish or make a new expression of wish at any time. Account will be taken of your wishes expressed in the notice bearing the latest date.

Please complete your nomination details on the form overleaf. Your completed form should be returned to:

**Royal County of Berkshire Pension Fund
Minster Court
22-30 York Road
Maidenhead
Berkshire
SL6 1SF**

Please retain a copy of this document for your records. If you have any questions about this form please contact the pensions team on 01628 796 668 or e-mail info@berkshirerpensions.org.uk

The Royal Borough of Windsor & Maidenhead (RBWM) is a Data Controller under the Government Data Protection Regulations (GDPR). This statement confirms RBWM's commitment to protect your privacy and to process your personal information in a manner, which meets the requirements of the Regulations.



**Local Government
Pension Scheme**



Declaration

In the event of my death I wish the administering authority for the Local Government Pension Scheme to make payment of any lump sum death grant to which entitlement may arise by virtue of my membership of the Scheme to the beneficiary(ies) listed below:

Beneficiary 1		
Name	Relationship	Proportion (%)
Date of Birth (if known)	Address	
Date of marriage (if applicable)		

Beneficiary 2		
Name	Relationship	Proportion (%)
Date of Birth (if known)	Address	
Date of marriage (if applicable)		

Beneficiary 3		
Name	Relationship	Proportion (%)
Date of Birth (if known)	Address	
Date of marriage (if applicable)		

Beneficiary 4		
Name	Relationship	Proportion (%)
Date of Birth (if known)	Address	
Date of marriage (if applicable)		

Please note that your expression of wish will only be valid if the proportions listed above total 100%

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

NAME	RELATIONSHIP	PROPORTION (%)

I understand that this notice may be cancelled or varied, in writing, at any time and that the administering authority is not bound by the notice, that it has absolute discretion when making payment and that it may be disregarded in certain circumstances.

SIGNED		DATE	
FULL NAME		EMPLOYER	
HOME ADDRESS			
		POSTCODE	
NI NO.			