# **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.

Under scheme regulations you are able to state who you would like to receive this benefit in the event of your death. The Administering Authority has absolute discretion when making payment of the death grant and will want to honour your wishes so always consider those who will and those who will not benefit.

# **Why should I complete an Expression of Wish form?**

Whilst there is no requirement for you to complete an expression of wish form, there are two main reasons why doing so would be advantageous:

1. If you do not complete an expression of wish form, any death grant that may become payable will be paid to your legal beneficiary.

Whilst this may be the same person or persons that you wish to receive your death grant, payments made in this way may be subject to inheritance tax where the total value of your estate exceeds the appropriate level. Simply by completing an expression of wish form and declaring your chosen beneficiaries, the death grant can be paid immediately to your beneficiaries without being subject to inheritance tax.

1. In the event of your death without an expression of wish form having been completed, we may require further documentation from your next of kin, or other representative, that may delay the payment of a death grant or involve the services of a solicitor. By completing an expression of wish form the administering authority should be able to make payment quickly and at its discretion.

# **Who can I nominate?**

You can choose one person, a number of people or even an organisation such as a charity. You can choose your husband, wife or partner, your children, any other family member or a friend.

**Can I change my Expression of Wish at
any time?**

Yes you can. You can even cancel your

expression of wish. You need to consider

amending your form if:

* your circumstances change;
* you become divorced or dissolve a

civil partnership;

* the person you have chosen dies;
* it becomes impractical to make

payment to your chosen beneficiary

(such as a charity that no longer
exists)

# **How is a Death Grant calculated?**

A summary of the amounts payable as a death grant are detailed below:

**If you are an active member-** the value of the death grant is **three times** your assumed pensionable salary at your date of death.

## **If you ceased LGPS membership after 1 April 2008 -** the death grant payable is five times the value of your deferred annual pension at your date of death.

## **If you left employment before 1 April 2008 -** The death grant payable is the value of your retirement grant at your date of death.

## **Death following retirement -** If you retired after 1 April 2008 a death grant is payable if you die within 10 years of your retirement date up to the age of 75. The value of the death grant is dependant on whether you retired from the LGPS before or after 1 April 2014. Therefore please contact the Berkshire Pensions team to find out how this may apply to you.

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.**

# **Update your Expression of Wish nomination online…**

****Don’t forget you can now view your pension information online

through our online service - **‘my pension ONLINE’**.

**‘my pension ONLINE’** enables you to securely update your

personal details, perform benefit calculations and update your

nominated beneficiaries from the comfort of your own home or

workplace. It’s easy to sign up - just visit our website at

[**www.berkshirepensions.org.uk**](http://www.berkshirepensions.org.uk)and click on the **‘my pension**

**ONLINE’** logo.

## **Where can I find out more?**

**More detailed information about the scheme is available from the pension team at the following address:** Royal County of Berkshire Pension Fund, Minster Court, 22-30 York Road, Maidenhead, Berkshire, SL6 1SF

**Tel: 01628 796 668**

**E-mail:** **info@berkshirepensions.org.uk**

**Web:** [**www.berkshirepensions.org.uk**](http://www.berkshirepensions.org.uk)

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# **Local Government Pension Scheme Expression of Wish for payment of a Death Grant**

# **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** |
| **Full Name**  |
| **Address**  |
| **Date of Birth**  |  | **Date of Marriage (if applicable)** |  |
| **Relationship to you (if any)** |  | **Percentage Share (%)** |  |

|  |
| --- |
| **Beneficiary 2** |
| **Full Name**  |
| **Address**  |
| **Date of Birth**  |  | **Date of Marriage (if applicable)** |  |
| **Relationship to you (if any)** |  | **Percentage Share (%)** |  |

|  |
| --- |
| **Beneficiary 3** |
| **Full Name**  |
| **Address**  |
| **Date of Birth**  |  | **Date of Marriage (if applicable)** |  |
| **Relationship to you (if any)** |  | **Percentage Share (%)** |  |

|  |
| --- |
| **Beneficiary 4** |
| **Full Name**  |
| **Address**  |
| **Date of Birth**  |  | **Date of Marriage (if applicable)** |  |
| **Relationship to you (if any)** |  | **Percentage Share (%)** |  |
| **Please note that your expression of wish will only be valid if the proportions listed above total 100%** |

**IMPORTANT: In the event of you and your nominee(s) 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.

***Please hand-sign this form with your usual signature.***

**Please return this completed form to your Payroll Department**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Full Name:** | **Employer:**  |
| **Home Address:** |  |
|  | **Post Code:**  |
| **National Insurance Number:** |

Your completed form should be returned to:

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

**As an alternative you can e-mail a scanned copy of your signed form to** **info@berkshirepensions.org.uk**

**Please retain a copy of this document for your records**