

Local Government Pension Scheme  
Death Grant – Expression of Wish Form

RETIRE2

Please complete this form in conjunction with the RETIRE3 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: _____	(2) Name: _____
Address: _____	Address: _____
_____	_____
Post Code: _____	Post Code: _____
Relationship to you: _____	Relationship to you: _____
Date of Birth (if under 18): _____	Date of Birth (if under 18): _____
Percentage Share: _____ %	Percentage Share: _____ %
(3) Name: _____	(4) Name: _____
Address: _____	Address: _____
_____	_____
Post Code: _____	Post Code: _____
Relationship to you: _____	Relationship to you: _____
Date of Birth (if under 18): _____	Date of Birth (if under 18): _____
Percentage Share: _____ %	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: _____	(2) Name: _____
Date of Birth (if under 18): _____	Date of Birth (if under 18): _____
Percentage Share: _____ %	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 Cambridgeshire Pension Fund and Northamptonshire Pension Fund are a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit:

Cambridgeshire Pension Fund - <http://pensions.cambridgeshire.gov.uk>  
Northamptonshire Pension Fund - <http://pensions.northamptonshire.gov.uk>

Where you provide us with personal data about other individuals, such as family members, dependants or potential beneficiaries under the Fund, please ensure that those individuals are aware of the information contained within this notice.

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

