

Expression of Wish Form

for payment of death grant

Your full name	
Your address	
	Post code
National Insurance number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Declaration: In the event of my death, I wish the London Borough of Barnet 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(ies)	
Full name	
Address	
	Post code
Relationship (if any)	
Percentage (%) allocated	
Full name	
Address	
	Post code
Relationship (if any)	
Percentage (%) allocated	
Please continue on a separate sheet of paper if you have insufficient space (maximum five beneficiaries)	

I understand that this notice may be cancelled or varied, in writing, at any time and that London Borough of Barnet has absolute discretion when making payment.	
Signature	Date

Your completed form should be returned to: The Pensions Office, London Borough of Barnet
Building 4, North London Business Park, Oakleigh Road South, London N11 1NP

This nomination replaces any previous declarations