**Payment of death grant – Expression of wish form.**

Please complete in black ink and in capital letters. To scheme employer:

|  |  |
| --- | --- |
| Administering Authority/former Administering Authority |       |
| Scheme employer/former Scheme employer |       |
| Surname |       | Forename(s) |       |
| Date of Birth |       | N.I. No |       |
| Region/Former Region (if applicable) |       | Employee No |       |

I am a:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paying member | [ ]  | Deferred member | [ ]  | Pensioner | [ ]  |
| Pension Credit member |  [ ]  | Deferred Pensioner Member[[1]](#footnote-1) | [ ]   |

When my LGPS Pension Fund is deciding who should receive any lump sum death grant which may become payable from the Fund (s) and any in house additional voluntary contribution arrangement, it should be aware that I wish it to be paid to the following person(s) / organisation(s) in the proportions shown.

|  |  |
| --- | --- |
| Full name and address                Postcode       | Relationship to you (if any)      |
| Proportion of total      |
| Full name and address                Postcode       | Relationship to you (if any)      |
| Proportion of total      |
| Full name and address                Postcode       | Relationship to you (if any)      |
| Proportion of total      |

If you wish the death grant to be shared between more than three persons/organisations please provide the appropriate details on a separate sheet of paper attached to this form. I understand and accept that:

1. I can revoke or revise this Expression of Wish Form at any time by completing and forwarding another form to my scheme employer, and
2. A completed Expression of Wish Form is not binding on your LGPS Pension Fund.
3. I have read and understood the Data Protection notice displayed in point 1 of the attached notes for completion.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |       | Date |       |
| **For Scheme employer use**Check List:* Scan and email form to Capita.
* Retain original form on Scheme employer’s file.

Certification signature:       Date:      Tel. No for enquiries:       |

**Explanatory Notes**

**Please read before completing the Expression of Wish Form**

1. The Data Protection Act 1998 – The information provided by you will be processed by the Scheme employer and agents of your LGPS Pension Fund for purposes only associated with the Local Government Pension Scheme. This may include processing and/or disclosure in connection with the following:
	* sensitive personal data (e.g. details about your health and personal relationships);
	* the assessment of entitlement to benefits under the scheme;
	* the calculation of those benefits;
	* the administration of the scheme and the payment of benefits;
	* providing you with information on changes to the schemes administration and benefits.

 We may pass the information on to our agents/representatives to do these things on our behalf.

1. **Although your expression of wish is not binding on your LGPS Pension Fund, we will normally carry out your wishes in deciding who should be paid your death grant. Payment can then be made without delay and, normally, without any liability for inheritance tax**.
2. Where you have contributed to an IHAVC or have purchased additional life cover, this form will be used to determine the location of the payment of these benefits.
3. You may name anyone, whether or not they are a relative or a dependant, as a beneficiary to receive all or part of your death grant. You can also nominate a registered charity. If you fail to complete and return the form your LGPS Pension Fund can decide to pay the Death Grant, in whatever proportion it considers appropriate, to your spouse/civil partner, any eligible children, relatives (including a former spouse/civil partner) or to your estate. You should note that if any of the death grant is paid to your estate it may be liable to inheritance tax.
4. If you do not want the death grant to be shared equally between your named beneficiaries, you should enter the proportions to be paid on the form, e.g. ¼ , ½ etc. Should you wish the death grant to be shared amongst more than two beneficiaries please give similar details to those requested overleaf on a separate sheet of paper. In the event that the proportions entered do not add up to the full amount of the death grant, the difference will be paid to your estate.
5. If you want your LGPS Pension Fund to pay part or your entire death grant to your estate, please write “To my estate” under “name(s)” overleaf, and also the proportion if it is not the full amount. As mentioned in note 2 above, any death grant included as part of your estate may be subject to inheritance tax.
6. As your preferred beneficiary might die **before** your death grant becomes payable, you may want to name another person or persons to whom you would like your LGPS Pension Fund to pay the death grant should this unfortunate situation arise. If you wish to do this, please enter the relevant details overleaf or on a separate sheet of paper indicating clearly your order of preference.
7. If your circumstances alter, or you change your mind about who should receive your death grant, ask your scheme employer or Capita for another expression of wish form **immediately**. When your scheme employer and Capita receive the newly completed form, the earlier one will automatically be cancelled.
8. If your personal circumstances change (e.g. marriage, divorce, legal separation) you will need to complete a further expression of wish form in order to ensure your wishes are complied with in the event of your death.
9. If you want any further details about these arrangements, please contact Capita at the address shown, below.
10. Your completed expression of wish form should be forwarded without delay to:

|  |  |
| --- | --- |
| By Post | London Borough of Barnet Pension FundPO Box 319DARLINGTONDL98 1AJ |
| By email | Barnetpensions@capita.co.uk |

**REMEMBER**

**It is your responsibility to keep your expression of wish form up to date.**

**Please keep a copy in a safe place for future reference**

1. Former recipients of Tier 3 Ill health pensions which are currently discontinued. [↑](#footnote-ref-1)