

# Local Government Pension Scheme

## Nomination of beneficiary for the payment of death grant

Please read the following notes before completing the form.

This form enables a member of the Local Government Pension Scheme to nominate a beneficiary or beneficiaries of any death grant payable in the event of their death. It must be witnessed at the time of signing by someone who is not a beneficiary.

This form has space for you to nominate up to three beneficiaries. However, should you wish to nominate more beneficiaries please attach another form. Please ensure that any additional forms are also signed and witnessed, and that your total nominations equal 100%.

The nomination made on this form will be treated as not being in force at the time of the member's death if a subsequent nomination form has been received.

Whether a nomination is made or not, the LPFA retains absolute discretion in respect of to whom the death grant is paid, but takes due regard of any wish expressed by a member.

If any part of the death grant has not been paid within two years of the date of death it will be paid to the member's personal representatives.

The nomination made on this form may be cancelled or amended by the completion of another nomination form.

Once completed please return this form to:

London Pensions Fund Authority, Dexter House, 2 Royal Mint Court, London, EC3N 4LP

## Your details and declaration

|                             |            |                            |                     |
|-----------------------------|------------|----------------------------|---------------------|
| Title: Mr/Mrs/Miss/Ms/other | Forenames: |                            |                     |
| Surname:                    |            |                            |                     |
| Address:                    |            |                            |                     |
|                             |            |                            | Postcode:           |
| Date of birth:              |            | National Insurance Number: |                     |
| Name of Employer:           |            |                            | LPFA Employer Code: |

I have read and understood the notes above and hereby nominate the beneficiary or beneficiaries overleaf to receive payment of any death grant payable in the event of my death. I have signed below in the presence of the witness detailed overleaf.

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|

## Witness details and declaration

I declare that this form has been signed in my presence by the person detailed overleaf

|            |       |
|------------|-------|
| Signed:    | Date: |
| Full name: |       |
| Address:   |       |
|            |       |
| Postcode:  |       |

## Beneficiary

|                   |                               |
|-------------------|-------------------------------|
| Full name:        |                               |
| Address:          |                               |
| Date of birth:    | Relationship to you (if any): |
| Percentage share: |                               |

## Beneficiary

|                   |                               |
|-------------------|-------------------------------|
| Full name:        |                               |
| Address:          |                               |
| Date of birth:    | Relationship to you (if any): |
| Percentage share: |                               |

## Beneficiary

|                   |                               |
|-------------------|-------------------------------|
| Full name:        |                               |
| Address:          |                               |
| Date of birth:    | Relationship to you (if any): |
| Percentage share: |                               |