



## Local Government Pension Scheme

### **Expression of wish for the payment of death grant.**

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.

This form has space for you to nominate up to three beneficiaries. However, should you wish to nominate more beneficiaries please attach another form.

**This form must be witnessed, at the time of signing by someone who is not a beneficiary.** 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:

- the beneficiary has died or
- the beneficiary was the members spouse when the nomination was made or later became the spouse, but has since divorced or
- the administering authority (London Borough of Enfield) are of the opinion that that payment to the beneficiary is not reasonably practicable or
- a subsequent nomination form has been received.

Whether a nomination is made or not, the London Borough of Enfield 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 both parts of this form to:

The Pensions Section,  
London Borough of Enfield,  
PO BOX 54,  
Civic Centre  
Enfield  
EN1 3XF

## Your details and declaration

Title: Mr/Mrs/Miss/Ms/other	Forename:
Surname:	
Address:	
	Post Code:
Date of Birth:	National Insurance Number:
Name of Employer:	Department:
Are you cancelling or amending a previous nomination? YES / NO	

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

Signed:	Date:
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## Witness details and declaration

I declare that this form has been signed in my presence by the person named above.

Signed:	Date:
Full Name:	
Address:	
	Post Code:

## Beneficiary

Full Name:	
Address:	
	Post Code:
Relationship to you (if any):	
Percentage Share of Death Grant:	

## Beneficiary

Full Name:	
Address:	
	Post Code:
Relationship to you (if any):	
Percentage Share of Death Grant:	

## Beneficiary

Full Name:	
Address:	
	Post Code:
Relationship to you (if any):	
Percentage Share of Death Grant:	