

EXPRESSION OF WISH FORM FOR DEATH GRANTS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE MAKING YOUR CHOICE OVERLEAF

**1 Why make an expression of wish?**

Electing someone to receive your death grant means that we may be able to pay it quickly, if the worst should happen.

- ◆ It means that your death grant may be made outside of your estate.

- ◆ Payment can generally be made immediately without having to wait for Grant of Probate or Letters of Administration.

**2 Who can I choose?**

The choice is yours. You can choose one person, or you can choose more than one person and decide what share each would get. You can also choose an organisation, e.g. a charity. **However you should be aware that once an expression of wish has been made and (at the date of death) if:**

- ◆ The person you have chosen has died;
- ◆ You choose your spouse but have subsequently divorced;
- ◆ Gloucestershire Pension Fund, as administrator of your pension scheme, does not consider your request to be reasonable or practical;
- ◆ There is any dispute regarding your expression of wish;

Then payment may be paid to your estate or to an alternative person(s).

**3 How much is my death grant?**

|   |  |
|---|--|
| <b>Active member</b>  | Three times your assumed pensionable pay                                 |
| <b>Deferred member</b>                                      | Up to five times your deferred pension pension                           |
| <b>Pensioner member in the first 10 years of retirement</b> | Annual pension up to 10 years' pension LESS the pension already received |

YOU SHOULD SEEK YOUR OWN INDEPENDENT ADVICE WITH REGARD TO ANY TAX PLANNING, INHERITANCE TAX OR ESTATE MATTERS.

**EXPRESSION OF WISH FORM FOR DEATH GRANTS**

Please complete using BLOCK CAPITALS

|                         |
|-------------------------|
| <b>Name and Address</b> |
|-------------------------|

|                                   |
|-----------------------------------|
| <b>Your National Insurance No</b> |
|-----------------------------------|

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|                           |
|---------------------------|
| <b>Your Date of Birth</b> |
|---------------------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

|                      |
|----------------------|
| <b>Your Employer</b> |
|----------------------|

|  |
|--|
|  |
|--|

|                 |
|-----------------|
| <b>Staff No</b> |
|-----------------|

|  |
|--|
|  |
|--|

In the event of my death I wish Gloucestershire County Council (as administrators of the Local Government Pension Scheme) using its absolute discretion, to consider paying any lump sum death grant to the following. I confirm that I have read and understand the note shown overleaf.

| Name                                 | Address | Relationship | Proportion % |
|--------------------------------------|---------|--------------|--------------|
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
|                                      |         |              |              |
| <b>The Proportion must add up to</b> |         |              | <b>100%</b>  |

|               |  |             |  |
|---------------|--|-------------|--|
| <b>Signed</b> |  | <b>Date</b> |  |
|---------------|--|-------------|--|

*This nomination supersedes any previous nomination signed by me*

**Please remember it is important to keep your expression of wish up to date. Your Expression of wish form may be revoked or revised at any time.**

|   |
|---|
| <p>Please return the completed form to: <a href="mailto:pensions@gloucestershire.gov.uk">pensions@gloucestershire.gov.uk</a></p> <p>The Pensions Section, Gloucestershire CC, Shire Hall, Gloucester, GL1 2TG.</p> <p>For any queries regarding the completion of this form please ring the pension helpline number: (01452) 328888</p> |
|---|