



# Nomination Form 2009 – Payment of Lump-Sum Death Benefits

**IMPORTANT: THIS FORM IS NOT A WILL.** Although the Scheme administrators would want to comply with your wishes, they have absolute discretion in deciding where, or to whom, any payment is to be directed.

## Payment of death benefits

As a **current contributor** of the LGPS you can complete this form in order to 'nominate' a dependant or beneficiary who you would like to benefit from any lump-sum payment under the Scheme regulations as a result of your death. Please complete this form only if you wish to nominate a beneficiary to whom any payments due may be directed following your death. The purpose of making a nomination is to assist Wolverhampton City Council ('the Scheme administrators') in deciding to whom any payments may be made. Although the nominated beneficiary would normally be your next of kin, you may nominate any person or organisation of your choice and such requests would be considered by the Scheme administrators.

The main advantage in making a nomination is that the payment could be made direct to your chosen beneficiary without forming part of your estate (ie, the payment does not count for Inland Revenue purposes). You can amend/update your nomination at any time by completing another nomination form.

## To The Scheme administrators

In the event of my death, it is my wish that any lump-sum death benefit available under the appropriate LGPS regulations may be paid as follows (please use BLOCK CAPITALS):

..... <b>Full name:</b> .....
..... <b>Address:</b> ..... ..... .....
..... <b>Relationship or dependency:</b> .....
..... <b>Proportion of benefits:</b> (ie, full/half/third) .....

..... <b>Full name:</b> .....
..... <b>Address:</b> ..... ..... .....
..... <b>Relationship or dependency:</b> .....
..... <b>Proportion of benefits:</b> (ie, full/half/third) .....

..... <b>Full name:</b> .....
..... <b>Address:</b> ..... ..... .....
..... <b>Relationship or dependency:</b> .....
..... <b>Proportion of benefits:</b> (ie, full/half/third) .....

..... <b>Full name:</b> .....
..... <b>Address:</b> ..... ..... .....
..... <b>Relationship or dependency:</b> .....
..... <b>Proportion of benefits:</b> (ie, full/half/third) .....

Signed: .....	Date: <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		

Do not write in this box (for office use only)

DATA PROTECTION: The City Council takes its obligations under the Data Protection Act 1998 seriously and has appropriate procedures in place to ensure that your rights under the Act are protected. The information provided on this form will be used by the City Council for the purpose of administering your pension (eg, calculating the benefits due from the Fund). In the course of processing this information for this purpose, the City Council may disclose your personal data to legal advisers it has appointed. By completing this form and submitting it to the Fund, you consent to the use of your personal data for the purposes set out above.

Completed forms should be returned to West Midlands Pension Fund, PO Box 3948, WOLVERHAMPTON, WV1 1XP using the envelope provided.