nomination form

WEST MIDLANDS

PENSION FUND

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 member of the Local Government Pension Scheme you may 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 (i.e. the payment does not count for HM Revenue and Customs' 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 Local Government Pension Scheme regulations may be paid as follows (please use **BLOCK CAPITALS**):

Full name

Address

Relationship or dependancy

Proportion of benefits
(i.e. full, half, third, etc)

Full name

Address

Relationship or dependancy

Proportion of benefits
(i.e. full, half, third, etc)

Full name

Address

Relationship or dependancy

Proportion of benefits
(i.e. full, half, third, etc)

Full name

Address

Relationship or dependancy

Proportion of benefits
(i.e. full, half, third, etc)

Signed:

Date: D D / M M / Y Y Y Y

PERSONAL DETAILS

Surname:

First name(s):

Address:

Post code:

Membership number: 1 0
(if known) (from your membership certificate)

Employer's name:

Employing department:

Upon completion return to:
West Midlands Pension Fund PO Box 3948, WOLVERHAMPTON, WV1 1XP.

PAS 167 7/08