

Death grant expression of wish form

Name NI number NI number Marital/partnership status Phone number Phone number Home address Phone number Iddress * I confirm that by giving my email address, I'm agreeing for Survey pension. Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual address. My expression account online to see your annual address. Proportion Address Relationship Proportion %* Nominee 2 name Proportion %* Address Proportion %* Relationship	Personal information							
status Prome number Home address Finding number Email address* * * 1 confirm that by giving my email address, I'm agreeing for Shropshire County Pension Fund to email me about my pension. (Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested.) My expression of wish (To choose more than four nomices, please ask for an additional form) Nominee 1 name Address Relationship Proportion Mominee 2 name Address Relationship Proportion Nominee 3 name Proportion Address Proportion Relationship Proportion Nominee 4 name Proportion Address Proportion Relationship Proportion Address Proportion Relationship Proportion Nominee 4 name Proportion Address Proportion Relationship Proportion Nominee 4 name Proportin Address<	Name			Ν	l number			
Home address Image: Solution of the set o				PI	hone number			
* I confirm that by giving my email address, I'm agreeing for Shropshire County Pension Fund to email me about my pension. (Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your an address. You will not be able to register to view your pension account online to see your an about your pension. You will not be able to register to view your pension account online to see your an address. Please ask for an additional form) Nominee 1 name Address Relationship Nominee 2 name Address Relationship Relationship Nominee 3 name Address Relationship Nominee 4 name Address Relationship Relationship Nominee 4 name Address Relationship Relationship Nominee 4 name Address Relationship Relationship Nominee 4 name Address Relationship Relati								
me about my pension. (Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefits tatement. In these circumstances a paper copy must be requested.) My expression fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested.) My expression fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested.) My expression fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefit statement. In these circumstances a paper copy must be requested.) Mominee 1 name Proportion Proportion %* Nominee 2 name Proportion %* %* Nominee 3 name Proportion %* %* Address Proportion %* %* Nominee 4 name Proportion %* %* Address Proportion %* %* Relationship Proportion %* %* %* %* <td colspan="2">Email address*</td> <td colspan="5"></td>	Email address*							
Nominee 1 name Address Relationship Proportion Nominee 2 name Address Address Relationship Relationship Relationship Proportion Relationship Nominee 3 name Address Relationship Nominee 3 name Address Relationship Nominee 4 name Address Relationship Relationship Nominee 4 name Relationship Relationship I wish you to pay any lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	me about my pension. (Please note that you don't have to provide your email address, but if you don't, the fund won't be able to contact you with information about your pension. You will not be able to register to view your pension account online to see your annual benefit statement. In these							
Address Proportion % Relationship Proportion %* Nominee 2 name Address Proportion %* Relationship Proportion %* Nominee 3 name Proportion %* Address Proportion %* Relationship Proportion %* Nominee 4 name Proportion %* Address Proportion %* Relationship Proportion %* Nominee 4 name Proportion %* Relationship Proportion %* Nominee 5 name Proportion %* Nominee 4 name Proportion %* Relationship Proportion %* Nominee 5 name Proportion %* Relationship * * You are nominative revokes any previous expression of wish mater by me. * * I you are nominative more than one beneficiary, together, the proportion should total 100%.	My expression of wish (To choose more than four nominees, please ask for an additional form)							
RelationshipProportion%*Nominee 2 name	Nominee 1 name							
Nominee 2 nameProportionNominee 3 nameRelationshipProportion%*Nominee 3 name	Address							
Address Proportion %* Relationship Proportion %* Nominee 3 name	Relationship		1	Propo	rtion		%*	
RelationshipProportion%*Nominee 3 name	Nominee 2 name							
Nominee 3 nameAddressRelationshipProportionNominee 4 nameAddressAddressRelationshipI wish you to pay arry lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me.*If you are nominating more than one beneficiary, together, the proportions should total 100%.	Address							
Address Proportion Relationship Proportion Nominee 4 name * Comparison Address Proportion Relationship Proportion Relationship Proportion I wish you to pay any lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	Relationship		1	Propoi	rtion		%*	
Relationship Proportion %* Nominee 4 name	Nominee 3 name							
Nominee 4 name Image: Market and Market an	Address							
Address Proportion %* Relationship Proportion %* I wish you to pay any lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	Relationship		1	Propo	rtion		%*	
Relationship Proportion %* I wish you to pay any lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	Nominee 4 name							
I wish you to pay any lump sum death grant to the above individual(s) and/or organisation(s) in the amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	Address							
amounts shown. This form revokes any previous expression of wish made by me. *If you are nominating more than one beneficiary, together, the proportions should total 100%.	Relationship		1	Propo	rtion		%*	
Sign Date	*If you are nominating more than one beneficiary, together, the proportions should total 100%.							
	Sign			Date				

To return this form you can post it to: Pensions, PO Box 4826, Shrewsbury, SY1 9LJ, or you can email a scanned copy to: pensions@shropshire.gov.uk



Notes

The scheme administrators can't be legally bound by an expression of wish and must keep absolute discretion but, they will make every effort to follow your wishes where practicable to do so. In situations where it isn't reasonably practicable to make payment to the nominated person, Shropshire Council as the fund's administering authority will make that decision.

The advantage of making an expression of wish for a beneficiary to receive any death grant is that payments can usually be made without waiting months for your estate to be settled and normally without any liability to inheritance tax.

It's important to remember to update an expression of wish if your situation changes. For example, if the person you have nomintated dies or, you undergo a divorce.

You may revoke this expression of wish in writing.

This form is an expression of wish for nomination of your death grant only.

Data protection

The Shropshire County Pension Fund is a data controller under data protection legislation. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the fund, please visit www.shropshirecountypensionfund.co.uk.

Where you have given us with personal data about other people, such as family members, dependants or potential beneficiaries under the fund, please make sure that they are aware of the information you have given to us through this form.