

### Death grant expression of wish form

Personal information			
Name		NI number	
Marital/partnership status		Phone number	
Home address			
		Post code	
Email address*			
<p>* 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 annual benefit statement. In these circumstances a paper copy must be requested.)</p>			

My expression of wish <i>(If you wish to choose more than four nominees, please request an additional form)</i>			
Nominee 1 name		Address	
Relationship		Proportion	%*
Nominee 2 name		Address	
Relationship		Proportion	%*
Nominee 3 name		Address	
Relationship		Proportion	%*
Nominee 4 name		Address	
Relationship		Proportion	%*
<p><b>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.</b></p> <p>*If you are nominating more than one beneficiary, together, the proportions should total 100%.</p>			
<b>Sign</b>		<b>Date</b>	