



Dyfed Pension Fund

Death Grant Expression of Wish

(For Members that left the LGPS on or before 31st March 2008)

Please read the following notes carefully before completion

- A death grant is automatically payable if you die:
 - if you have a deferred benefit in the Dyfed Pension Fund; or
 - if you die within 5 years of receiving your pension from the Dyfed Pension Fund and are under age 75 at the date of death.
- The level of death grant payable is:
 - 3 x accrued pension plus accumulative pensions increase in respect of a deferred member;
 - 5 x annual pension less any payments already made in respect of a pensioner member under the age of 75.
- You can express a wish to propose one or more individuals, or an institution, to receive the death grant payable in the event of your death. In the absence of a valid Expression of Wish Form, the payment will be made to your personal representative i.e. your estate.
- **If you wish to nominate a 'minor', please note that any payment in respect of this nominee will be made to a trust fund.**
- The advantage of making an Expression of Wish is that the death grant will be paid quickly, without having to wait possibly several weeks for your Estate to be settled. Another advantage is that the payment will not form part of your Estate, therefore avoiding any liability to Inheritance Tax.
- You are advised to retain a copy of the Expression of Wish form, together with these notes, and keep in a safe place for your records. Whilst the Administering Authority must, under Pensions Law, retain the right to override any expression of wish, the purpose of this form is to help you make appropriate financial plans in case of premature death.
- You can revise your expression of wish(es) at any time by completing another form, which will revoke any previous expression of wish. If you do wish to amend any previous expression of wish, please contact the Pension Fund at the address given below.
- This form is ONLY applicable for the payment of a Death Grant, and has no relevance to the payment of a survivor's pension in the event of your death.
- Please note that the Dyfed Pension Fund is NOT legally bound by this form, because in order for the tax advantages to apply, it must retain absolute discretion with regard the allocation of your death grant payment.
- **If there is more than one proposed beneficiary please ensure that the percentage totals 100%.**
- You cannot state who the next in line would be if your original nominated beneficiary dies before you. In this case, you should complete a new Death Grant Expression of Wish form.
- If more space is needed for more than three beneficiaries please enter their details on a separate sheet.
- If you have any queries or need further details, please contact the:



Dyfed Pension Fund

Your Death Grant Expression of Wish

(If more space is needed, please enter the details on a separate sheet)

Personal Details			
Name:			
National Insurance No:		Date of Birth:	
Home Address:			
		Post Code:	

Language Preference			
(Please ✓ the appropriate box to indicate your election)			
As a member of the LGPS, I wish to receive ALL future correspondence in:			
WELSH	<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>
		BILINGUAL	<input type="checkbox"/>

Expression of Wish (Beneficiary 1)			Proportion
Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Expression of Wish (Beneficiary 2)			Proportion
Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Expression of Wish (Beneficiary 3)			Proportion
Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Declaration	Please return this form to your Employer		
<p>I have read the notes overleaf. I request that Carmarthenshire County Council (the Administering Authority for the Dyfed Pension Fund) in the exercise of its absolute discretion, consider paying any lump sum death benefit due under the LGPS to the above individual(s) and/or institution(s) and (if more than one), split according to my expression of wish. I have indicated my language preference and I declare that the above information is correct to my knowledge. PLEASE NOTE that if you do not indicate your language preference above, all future correspondence will be sent to you a <u>bilingual format</u>.</p>			
Signature:		Date:	