Cronfa Bensiwn DYFED Pension Fund

Death Grant Expression of Wish

(For Members contributing to the LGPS after 31 March 2008)

Please read the following notes carefully before completion

- A death grant is automatically payable:
  - if you die whilst an active member of the Local Government Pension Scheme (LGPS)
  - if you have a deferred benefit in the Dyfed Pension Fund
  - if you die within 10 years of receiving your pension from the Dyfed Pension Fund.
- The level of death grant payable is:
  - 3 x annual pensionable pay in respect of an active member of the LGPS
  - 5 x accrued pension plus accumulative pensions increase in respect of a deferred member
  - 10 x annual pension less any payments already made in respect of a pensioner member.
- If you are an active LGPS member with a separate deferred benefit from an earlier period of LGPS membership, the death grant payable will be the greater of either the death grant in respect of your active period of membership, or the death grant in respect of your deferred benefit, **whichever is greater**.
- As an active member, if you work part time, your death grant will be calculated in accordance to your **actual pensionable pay.**
- 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 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 the original nominated beneficiary dies before you. In this case, you should complete a new Death Grant Expression of Wish form.
- **If you have any queries or need further details, please contact your Employer.**

Cronfa Bensiwn 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		**ENGLISH**		**BILINGUAL**	

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**		
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 bilingual format.			
Signature:		**Date:**	