



Dyfed Pension Fund

Death Grant Expression of Wish Form

Notes of Guidance

- Scheme members may make an expression of wish for a particular person(s) and / or institution to receive any Lump Sum Death Grant payable under the **Local Government Pension Scheme 1997** regulations.
- The purpose of completing a death grant expression of wish form is to ensure that, in the event of your death, any lump sum is paid in accordance with your wishes. This can of course also be achieved by making a Will. However, the advantage of an expression of wish is that as the monies do not form part of your Estate, Inheritance Tax cannot be levied against them.
- If you wish to nominate a 'minor', please note that any payment in respect of this nominee will be made to a trust fund.
- You are advised to make a copy of any expression of wish form submitted, together with these notes, and to keep them in a safe place. Whilst the Administering Authority must, under Pensions Law, retain the right to override any nomination made, the purpose of an expression of wish is to help you make appropriate financial plans in case of premature death.
- You may change your expression of wish at any time but should note that each subsequent expression of wish will revoke any previous wish made. If you wish to change your expression of wish in the future, please contact the Pension Fund at the address given below.
- The level of death grant payable is:
 - 2 x career average pay if an active member of the LGPS.
 - 3 x accrued pension plus accumulative pensions increase in respect of a deferred member (having left office with benefits deferred until Normal Retirement Age 65).
 - 5 x annual pension less any payments already made in respect of a pensioner member under the age of 75.
- If you have not already done so, you are strongly advised to make a Will. This death grant expression of wish form is designed to deal with a potential payment, which hopefully will not have to be made. A Will ensures that the rest of your finances are put in order.
- If you have any queries or need further details, please contact:

Dyfed Pension Fund
Building 2, St. David's Park, Job's Well Road
CARMARTHEN
SA31 3HB

Email: pensions@carmarthenshire.gov.uk



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 the Dyfed Pension Fund | | |
|---|---|-------|--|
| <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: | |