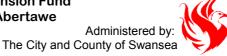
City and County of Swansea Pension Fund Cronfa Bensiwn Dinas a Sir Abertawe



Councillor Death Grant Expression of Wish Form

PLEASE READ THE FOLLOWING NOTES CAREFULLY BEFORE COMPLETION

- 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.
- 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.
- The level of death grant payable is:
 - * 2 x career average pay if an active member of the LGPS, provided you are under age 75 at the date of death; or
 - * 3 x accrued pension plus accumulative pensions increase in respect of a deferred member (having left employment 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 provided the death occurs in the first five years on pension.
- This form is ONLY applicable for the payment of a Death Grant, and has no relevance to the payment of a widow's, widower's or civil partner's pension in the event of your death.
- Please note that the City and County of Swansea 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 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 gueries or need further details, please contact the:

The Pension Section, City and County of Swansea Pension Fund, Civic Centre, Swansea, SA1 3SN

City and County of Swansea Pension Fund Cronfa Bensiwn Dinas a Sir Abertawe



Local Government Pension Scheme (LGPS) Councillor Death Grant Expression of Wish Details

Your Personal Details

Name:	Date of Birth:	
National Insurance No:		
Home Address:		
	Post Code:	
Personal Details – Beneficiary 1		Proportion
Name:		%
Date of Birth:	Relationship:	
Address:		
	Post Code:	
Personal Details – Beneficiary 2		Proportion
Name:		%
Date of Birth:	Relationship:	
Address:		
	Post Code:	
Personal Details – Beneficiary 3		Proportion
Name:		%
Date of Birth:	Relationship:	
Address:		
	Post Code:	
Declaration I have read the notes overleaf. I request that City and Cou	nty of Swansea (the Administering	Authority for the City and

I have read the notes overleaf. I request that City and County of Swansea (the Administering Authority for the City and County of Swansea Pension Fund) in the exercise of its absolute discretion, consider paying any lump sum death benefit due under the Local Government Pension Scheme to the above individual(s) and/or institution(s) and (if more than one) split according to my expression of wish.

Signed:	Date:
---------	-------

Please Return to: The Pension Section, City and County of Swansea Pension Fund, Civic Centre, Swansea, SA1 3SN