



CRONFEYDD PENSIWN CYMRU

ALL WALES PENSION FUNDS

Death Grant Expression of Wish Details

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 left the scheme and have a deferred benefit in the City & County of Swansea Pension Fund
 - if you retired and die within 10 years of receiving your pension from the City & County of Swansea Pension Fund and you are under age 75 at the date of death.
- The level of death grant payable is:
 - 3 x yearly pensionable pay in respect of an active member of the LGPS
 - 3 x accrued pension plus accumulative pensions increase in respect of a deferred member who left before 01/04/2008
 - 5 x accrued pension plus accumulative pensions increase in respect of a deferred member who left after 31/03/2008
 - 10 x yearly pension less any payments already made in respect of a pensioner member under the age of 75
- 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 greatest**.
- As an active member, if you work part time, your death grant will be calculated in accordance to your **actual pensionable pay**, as opposed to your notional full time equivalent.
- 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 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 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 the:

City and County of Swansea Pension Fund, Civic Centre, Oystermouth Road, Swansea SA1 3SN



Death Grant Expression of Wish Details

Your Personal Details

Name:			
National Insurance No:		Date of Birth:	
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:	

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

Declaration

I have read the notes overleaf. I request that Swansea Council (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. **Please note that the information you have provided about other individuals, such as family members, dependants or potential beneficiaries, this will be used for the purpose of Scheme administration. Please ensure that the individual(s) is aware of the information you have stipulated within this notice. For further information about the LGPS and Data Protection, please refer to the Privacy Notice available on our website www.swanseapensionfund.org.uk.**

Signature:		Date:	
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Please Return to: City and County of Swansea Pension Fund, Civic Centre, Oystermouth Road, SWANSEA SA1 3SN