



Nomination form

Important: this form is not a will.

Although the Scheme administrators would want to comply with your wishes, they have absolute discretion in deciding where, or to whom, any payment is to be directed.

Payment of Death Benefits

As a member of the Local Government Pension Scheme (LGPS), you may complete this form in order to 'nominate' a dependant or beneficiary who you would like to benefit from any lump-sum payment, under the Scheme regulations, as a result of your death. Please complete this form only if you wish to nominate a beneficiary to whom any payments due may be directed following your death. The purpose of making a nomination is to assist Wolverhampton City Council (the Scheme administrators) in deciding to whom any payments may be made. Although the nominated beneficiary would normally be your next of kin, you may nominate any person or organisation of your choice and such requests would be considered by the Scheme administrators. The main advantage in making a nomination is that the payment could be made direct to your chosen beneficiary without forming part of your estate (ie, the payment does not count for HM Revenue and Customs' purposes). You can amend/update your nomination at any time by completing another nomination form; the Fund recommends an updated form is submitted every two years.

To the Scheme Administrators

In the event of my death, it is my wish that any lump-sum death benefit available, under the appropriate LGPS regulations, may be paid as follows (please use **BLOCK CAPITALS**):

Full name:	Full name:
Address:	Address:
Relationship or dependency	Relationship or dependency
Proportion of benefit (ie, full, half, third, etc):	Proportion of benefit (ie, full, half, third, etc):
Full name:	Full name:
Address:	Address:
Relationship or dependency	Relationship or dependency
Proportion of benefit (ie, full, half, third, etc):	Proportion of benefit (ie, full, half, third, etc):
Signed:	Date:

Personal details

Surname:	Membership number (if known):
First name(s):	<i>(from your membership certificate)</i>
Address:	Date of birth:
	Employer's name:
	Employing department:
Post code:	

Upon completion, return to:

West Midlands Pension Fund, PO Box 3948, Wolverhampton WV1 1XP