



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 the City of Wolverhampton 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, charity 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 to you (if any):	Relationship to you (if any):
Proportion of benefit (ie, full, half, third, etc):	Proportion of benefit (ie, full, half, third, etc):
Full name:	Full name:
Address:	Address:
Relationship to you (if any):	Relationship to you (if any):
Proportion of benefit (ie, full, half, third, etc):	Proportion of benefit (ie, full, half, third, etc):
Signed:	Date:

Personal Details

Surname:	Pension reference number (if known): 1 0
First name(s):	(from your membership certificate)
Address:	Date of birth:
Post code:	Employer's name:
Email address:	Employing department:

I understand that the information given on this form will be stored and that under the Data Protection Act 2018, I have a right to see the information on application to the Data Protection Officer at West Midlands Pension Fund.

The Fund's Data Protection Officer can be contacted via e-mail at wmpfdataprotectionofficer@wolverhampton.gov.uk

Upon completion, return to: **West Midlands Pension Fund, PO Box 3948, Wolverhampton WV1 1XP**
Email: pensionfundenquiries@wolverhampton.gov.uk

Did you know you can update all of your information by registering to use our Pensions Portal?
Please visit www.wmpfonline.com/pensionsportal for more information.