

Expression of Wish Form (Nomination Form)



West Midlands Pension Fund

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 express a wish 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 an expression of wish 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 by the Scheme Administrators as follows (insert beneficiary details below):

My Beneficiaries

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):

My Personal Details

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

I understand that the information given on this form will be stored in accordance with relevant Data Protection legislation and that I have the right to request that information. For more information on how the Fund manages your personal data, please visit West Midlands Pension Fund - Privacy Notice (wmpfonline.com)

The Fund's Data Protection Officer can be contacted via email at wmpdataprotectionofficer@wolverhampton.gov.uk

Upon completion, please email it to www.wmpfonline.com/emailus

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.

If you are submitting this form electronically you must include a copy of a valid form of identification, such as a passport or driver's license.