# LGPEN 9

# Death Grant Nomination Form

The Nottinghamshire
Local Government Pension Scheme



administered by



# Nomination of beneficiary to receive any Death Grant

### **IMPORTANT** - please read before making a nomination

The following groups would have a Death Grant payable on their death:-

- All current members of the LGPS
- All members of the LGPS with Deferred Benefits
- Some pensioner members.

Nottinghamshire County Council, as administering authority of the Fund, may, at its absolute discretion, pay the death grant to, or for the benefit of, the member's nominee, personal representatives or any person appearing to the authority to have been a relative or dependent of the member.

In making its decision, the Council is required to consider any relatives and dependents who have not been nominated, so it is important to understand that there may be circumstances in which the Council may not follow your wishes.

It would therefore be helpful to us, if you could provide some information in support of the nominations you have made. You can nominate people or organisations, no matter what their relationship is to you and you can change or cancel your nomination at any time which can be done online or by post. Posted letters of cancellation should contain your full name and address and your signature.

In the event of your death, the Council, in exercising its discretions, could consider that your nomination is invalid, for example where a beneficiary cannot be traced or has died or where your personal circumstances have altered significantly since the date of your nomination.

If you are not sure or simply want to find out more, please contact the Notts LG Pensions Office who will be happy to help.

When completed, this form should be posted to the address shown below, whereupon acknowledgement of the safe receipt of your nomination form will be sent to you.

This information can be made available upon request in alternative formats and languages.





#### The Nottinghamshire Local Government Pension Scheme

is administered by Nottinghamshire County Council

Notts LG Pensions Office, Business Services Centre, Nottinghamshire County Council County Hall, West Bridgford, Nottingham NG2 7QP 0115 977 2727 • nottspf.org.uk • lgpensions@nottscc.gov.uk

# **Death Grant Nomination Form**

# LGPEN 9

Your details							
Surname	Forename(s)		Mr/Mrs/Miss/Ms/Dr				
Date of birth	National insurance no.						
Address		Post code					
Who you would like to nominate:-							
If you would like to nominate more than two peop date and your signature.	le or organisations, please cont	inue overleaf, which m	ust also bear the				
I wish to make a total of nomination(s) (please insert number).							
(1) Full name	(2) Full name						
Address	Address						
Date of Birth	Date of Birth	1					
Relationship	Relationship	,					
Percentage Share %	Percentage						
		Share					
The following must be completed in all instances	ces.						
Declaration:-	and the standard for th		Death Court				
I wish the Nottinghamshire County Council, in the exercise of its absolute discretion, to consider paying any Death Grant due under the Local Government Pension Scheme to the nominee or nominees I have shown and in the percentage shares indicated.							
Signature:	Date:						
Please check - your own and your nomineed the percentage shares add - you have signed and dated	up to 100%;	y written;					

## Only to be completed where more than two nominations are required:

(3)	Full name		(4)	Full name	
	Address			Address	
	Date of Birth			Date of Birth	
	Relationship			Relationship	
	Percentage Sh	nare %		Percentage Sh	nare %
(5)	Full name		(6)	Full name	
	Address			Address	
	Date of Birth			Date of Birth	
	Relationship			Relationship	
	Percentage Sh	nare %		Percentage Sh	nare %
Dec	claration:-				
due		amshire County Council, in the exercise of all Government Pension Scheme to the no			
Nar	me of member:				
Sia	nature:			Date:	

information	on will help	o Nottinghar	mshire Coui	nty Council	exercis	se its discretion	ons properly	<b>'.</b>
<b>D</b> 1 (1)								
Declaration								
I wish the No due under the shares indicate	ne Local Gove	e County Councernment Pension	cil, in the exerci	se of its absolu e nominee or n	te discret ominees	ion, to consider p I have shown and	aying any Death I in the percenta	ge
Name of me								
Signature:					Date:			
oignataro.					Date.			

Please provide additional information to explain why you are making your nomination(s). This