| **Cambridgeshire**Pension Fund | **Northamptonshire**Pension Fund |
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 **Local Government Pension Scheme RETIRE2**

 **Death grant – expression of wish form**

Please read the attached frequently asked questions carefully before completing this form.

**Section 1 – Personal Details**

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First names(s) |  |
| Title |  |
| Previous surname(s) |  |
| Date of birth |  |
| National insurance number |  |
| Address |  |
| Post code |  |
| Home email address |  |
| Home phone number |  |
| Mobile phone number |  |
| Employer |  |
| Payroll number (if known) |  |

**Section 2 – Nominee(s) details**

In the event of my death I’d like any lump sum death benefit available under the Local Government Pension Scheme, be paid as follows:

**Nominee 1**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Nominee 2**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Nominee 3**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Nominee 4**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Please continue on a separate sheet if you have additional nominees -** If you’re nominating more than one person or organisation, please specify the percentage of death grant you’d like each to get. The total must add up to 100%.

**If you’ve nominated your spouse, civil partner or cohabiting partner and in the event of you both passing away together, please show below how you’d like the Death Grant to be split (eg shared equally between children or other family members etc).**

**Nominee 1**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Nominee 2**

| **Question** | **Answer** |
| --- | --- |
| Full name |  |
| Address |  |
| Post code |  |
| Relationship to you |  |
| Date of birth (if under 18) |  |
| Percentage share |  |

**Section 3 – Authorisation**

I authorise any lump sum death benefit resulting from my death to be paid to whoever I’ve named above. I understand that this replaces any previous expression of wish made and that the Pension Fund has absolute discretion in making payment.

| **Question** | **Answer** |
| --- | --- |
| Name |  |
| Signature (only required if form is returned by post or email) |  |
| Date |  |

The Cambridgeshire Pension Fund and Northamptonshire Pension Fund are a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to allow us to provide you with pension administration services. To allow us to carry out our statutory duty, we’re required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit:

[Cambridgeshire Pension Fund](https://pensions.cambridgeshire.gov.uk/governance/key-documents/cambridgeshire/)

[Northamptonshire Pension Fund](https://pensions.westnorthants.gov.uk/governance/key-documents/northamptonshire/)

Where you provide us with personal data about other individuals, such as family members, dependants or potential beneficiaries under the Fund, please ensure that those individuals are aware of the information contained within this notice.

This information can be made available in other languages and formats upon request like Braille, large print and audio cassette.