Notes on Death Grant Expression of Wish (Councillors)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh

Please read these notes of guidance carefully before completing the form.

The amount of death grant payable depends on what type of member you are in the LGPS. You must also die under the age of 75 for a death grant to possibly be payable:

If you die in service and are still paying LGPS contributions	The death grant value will be two times your career average pay.
If you leave before retirement with deferred benefits and you die before receiving them	The death grant value will be three times your annual pension amount plus cost of living increase.
If you die when you are receiving your pension	The death grant value will be five times your annual pension amount less any payments you had already received.

- Your death grant beneficiaries can be one or more family members, friends, or charities. If there is more than one proposed beneficiary, please make sure that each beneficiary's share adds up to 100% in total.
- If more space is needed for more than three beneficiaries, please confirm their details on a separate sheet (please also sign and date the separate sheet).
- You can update your expression of wish(es) at any time by completing another form.
- You can't nominate who would be next in line if your original nominated beneficiary dies before you. In this case, you should complete a new expression of wish form.
- If you do not complete an expression of wish form, the payment will be made to your personal representative, for example, your Estate.
- The advantage of making an expression of wish is that the death grant will be paid quickly, without having to wait for your Estate to be settled. The death grant will not form part of your Estate, therefore avoiding any liability to inheritance tax.
- HM Revenue & Customs states that, to avoid tax charges, payment of the death grant needs to be made within two years of the LGPS fund being told of the death. Your next of kin should tell us of your death and complete all forms as soon as possible, so that the death grant is paid within this two year timeframe.
- You should keep a copy of your completed expression of wish form and these notes and file them in a safe place for your records.
- This form is for the death grant payment only. You can't make a nomination for the survivor's pension.
- Please note that by law, the Clwyd Pension Fund has discretion about who should receive the death grant. If you fill in an expression of wish form naming your beneficiaries, this helps us pay the death grant to the correct people.

Local Government Pension Scheme (Councillors) Death grant expression of wish form



NΛ	lam	hor	Detail	c.

Member Details:												
Full Name:												
NI Number:						D	ate of Birth	:				
Address:												
						Р	ostcode:					
Email Address:						Т	elephone N	o:				
Language Preference: I wish	n to rece	eive ALL f	uture corres	pondence	in (Plea	se √	the box rel	evant	t to you t	o show you	r choice)	
Welsh				English			Bil			ngual		
Communications Preference	e: I wish	to recei	ve ALL future	e correspor	ndence	in (Pl	ease √ the	box r	relevant t	o you to sh	ow your choi	ce)
(Please select only ONE opt	ion)											
*Please make sure you have receive correspondence ele https://mss.clwydpensionf	register ctronica	ılly:		elf-Service	to				Pa _l	per		
Details of your 1 st beneficiary:												
Name:										Beneficiary	Percentage:	%
Date of Birth:			Relationship:									
Address:												
							Postcod	e:				
Details of your 2 nd beneficiary:												
Name:										Beneficiary	Percentage:	%
Date of Birth:		Relationship:										
Address:												
							Postcod	e:				
Details of your 3 rd beneficiary:												
Name:										Beneficiary	Percentage:	%
Date of Birth:		Relationship:										
Address:												
·				Postcode:								
Declaration: I have read the Clwyd Pension Fund) in the Pension Scheme to the above	exercise	of its abs	solute discre	tion, consi	der pay	ing a	ny lump sur	n dea	th benef	it due unde	r the Local Go	overnment
Your signature:								Date	e:			
This complet	ed form	n should	be returne	ed to the C	lwyd F	Pensi	on Fund b	y one	e of the	following r	methods:	



Upload the forms through MSS 'Document Upload'



