

**Member Details:** 

### Previous LGPS, public sector & other pensions

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

It is important that the Clwyd Pension Fund knows about any pension history you have. This is because it may affect how your pension is dealt with in the future. Please use this form to tell us about all previous pension membership that you have with any public sector or other pension schemes.

Local Government Pension Scheme Cronfa Bensiynau

| Full Name:  |                  |                       |  |                  |             |  |        |              |
|---|------------------|-----------------------|--|------------------|-------------|--|--------|--------------|
| NI Number:  |                  |                       |  | Date of Birtl    | h:          |  |        |              |
| Address:  |                  |                       |  |                  |             |  |        |              |
|   |                  |                       |  | Postcode:        |             |  |        |              |
| Email Address:  |                  |                       |  | Telephone N      | No:         |  |        |              |
| Language Preference:<br>your choice)  | I wish to rece   | ive <b>ALL</b> future | corresponde                                      | ence in (Please  | √ the box   | relevant   | to you | to show      |
| Welsh   |                  | Eng                   | lish   |                  |             | Biling   | ual    |              |
| Communications Prefershow your choice) (Ple   |                  |                       |  | espondence in    | (Please ✓   | the box re   | elevan | t to you to  |
| *Please make sure you have registered to use Member Self-Service to receive correspondence electronically: https://mss.clwydpensionfund.org.uk/home/login |                  |                       |  |                  |             |  |        |              |
| I do not have any previous<br>Previous LGPS, public sect  | •                | •                     | benefits (plea                                   | ise ✓ if relevan | t to you):  |  |        |              |
| Name of Previous Pension Administrator:   | on Refer<br>Numl | ence / Plan<br>oer:   | Start Date of Paying Contributions (dd/mm/yyyy): |                  | (           | End Date of Paying<br>Contributions<br>(dd/mm/yyyy): |        | ng           |
|   |                  |                       |  |                  |             |  |        |              |
| If you have previous Clube in touch shortly to le   | -                |                       | •  | r LGPS membe     | ership in a | different  | LGPS   | fund, we wil |
| Your signature:   |                  |                       |  |                  | Date:       |  |        |              |

#### Additional voluntary contributions (AVCs)

| Have you ever paid AVCs before?   | Yes    |           | No    |                          |
|---|--------|-----------|-------|--------------------------|
| Name of AVC Provider:   |        | ,         |       |                          |
| Address of AVC Provider:  |        |           |       |                          |
|   | ·      | Postcode: |       |                          |
| Are you interested in transferring this AV into the Clwyd Pension Fund?                                   | VC Yes |           | No    |                          |
| If you have an LGPS AVC and wish to trans www.mandg.com/pru/workplace-pensio to set up your new AVC fund. | •      |           |       | all <b>0345 600 0343</b> |
| Your signature:   |        | С         | Pate: |                          |

#### **Notes on Death Grant Expression of Wish**

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

Please read these guidance notes 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   | The death grant will be three times your assumed pensionable pay.  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| are still paying LGPS   | (If you work part-time or term-time, the death grant will be worked out based on your  |   |  |  |  |  |
| contributions   | actual pensionable pay rather than your full-time equivalent pay).   |   |  |  |  |  |
|   | Stopped paying pension contributions on or before 31st March 2008  | Stopped paying pension contributions on or after 1st April 2008   |  |  |  |  |
| If you leave before retirement with deferred benefits and you die before receiving them | The death grant will be three times your deferred annual pension value plus cost of living increase.   | The death grant will be five times your deferred annual pension value plus cost of living increase.   |  |  |  |  |
| If you die when you are receiving your pension  | The death grant will be five times your annual pension amount less any payments you had already received.  (If you stopped paying LGPS contributions before 1st April 1998, these older LGPS rules are more complex. We can give you an estimate of the death grant on request). | The death grant will be 10 times the amount of your annual pension before you gave up any pension for lump sum, less the pension and lump sum you had already received.  This is worked out slightly differently for any part of your pension you built up before 1st April 2014. |  |  |  |  |

- Any death grant must take into account if you have any other pensions in other LGPS funds. We will check with the other LGPS funds in England and Wales to see if you have any membership with them. The grant payable will then be the higher of:
  - The death grant from your deferred or pensioner accounts; or
  - The death-in-service grant.
- 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.





Date:



## **Local Government Pension Scheme** Death grant expression of wish form

**Member Details:** 

Your signature:

| Full Name:   |                         |                                       |            |                  |             |                |                |   |
|--|-------------------------|---------------------------------------|------------|------------------|-------------|----------------|----------------|---|
| NI Number:   |                         |                                       |            | Date of Birth:   |             |                |                |   |
| Address:   |                         |                                       |            |                  | · · ·       |                |                |   |
|  |                         |                                       |            | Postcode:        |             |                |                |   |
| Email Address:   |                         |                                       |            | Telephone No:    |             |                |                |   |
| Language Preference: I wish  | n to receive <b>ALL</b> | future correspondence i               | in (Please | √ the box relev  | ant to you  | to show you    | r choice)      |   |
| Welsh  |                         | English                               |            |                  | Bi          | lingual        |                |   |
| Communications Preference  | e: I wish to rece       | l<br>ive <b>ALL</b> future correspor  | ndence in  | (Please √ the bo | ox relevant | t to you to sh | ow your choice | ) |
| (Please select only ONE opt  | cion)                   |                                       |            |                  |             |                |                |   |
| *Please make sure you have<br>receive correspondence ele<br>https://mss.clwydpensionfo | ectronically:           |                                       | to         |                  | P           | aper           |                |   |
| Details of your 1 <sup>st</sup> beneficiary:   |                         |                                       |            |                  |             |                |                |   |
| Name:  |                         |                                       |            |                  |             | Beneficiary I  | Percentage:    | % |
| Date of Birth:   |                         |                                       | Relations  | ship:            |             | •              | ·              |   |
| Address:   |                         |                                       |            |                  |             |                |                |   |
|  | •                       |                                       |            | Postcode:        |             |                |                |   |
| Details of your 2 <sup>nd</sup> beneficiary:   |                         |                                       |            | •                |             |                |                |   |
| Name:  |                         |                                       |            |                  |             | Beneficiary I  | Percentage:    | % |
| Date of Birth:   | : Relationship:         |                                       | ship:      |                  | •           | 1              |                |   |
| Address:   |                         |                                       |            |                  | •           |                |                |   |
|  | <b> </b>                |                                       |            | Postcode:        |             |                |                |   |
| Details of your 3 <sup>rd</sup> beneficiary:   |                         |                                       |            | ·                |             |                |                |   |
| Name:  |                         |                                       |            |                  |             | Beneficiary I  | Percentage:    | % |
| Date of Birth:   |                         |                                       | Relations  | ship:            |             |                |                |   |
| Address:   |                         |                                       |            |                  |             |                |                |   |
|  |                         |                                       |            | Postcode:        |             |                |                |   |
| <b>Declaration:</b> I have read the  | -                       | · · · · · · · · · · · · · · · · · · · | · ·        | -                | _           | =              |                | - |

the above individual(s) and/or institution(s) and (if more than one) split according to my expression of wish.

# Local Government Pension Scheme Transfer authority form



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

You have 12 months from joining the Clwyd Pension Fund to start transferring any previous pensions. Your employer does have the discretion to extend this deadline, but they don't have to.

You should complete a separate transfer authority form for each pension that you want to transfer to us. You will also need to send us a photocopy of a document that confirms your date of birth such as your birth certificate, passport or driving licence.

| Full Name:  |  |                   |                        |                      |                     |
|---|--|-------------------|------------------------|----------------------|---------------------|
| NI Number:  |  |                   | Date of Birth:         |                      |                     |
| Address:  |  |                   | I                      |                      |                     |
|   |  |                   | Postcode:              |                      |                     |
| Email Address:  |  |                   | Telephone No:          |                      |                     |
| Language Preference: I wish to  | o receive <b>ALL</b> future  | e correspondence  | in (Please √ the box r | l<br>relevant to you | to show your choice |
| Welsh   |  | English           |                        | Bilingual            |                     |
| Communications Preference: choice) (Please select only Of   |  | L future correspo | ondence in (Please √ t | he box relevant      | to you to show you  |
|   |  |                   |                        |                      |                     |
| Ele   | ectronic   |                   |                        |                      |                     |
|   |  | ember Self-       |                        | Paper                |                     |
| *Please make sure you have re<br>Service to receive correspond  | registered to use Me<br>dence electronically:                              |                   |                        | Paper                |                     |
| *Please make sure you have r<br>Service to receive correspond   | registered to use Me<br>dence electronically:                              |                   |                        | Paper                |                     |
| *Please make sure you have re<br>Service to receive correspond<br>https://mss.clwydpensionfun   | registered to use Medence electronically:                                  |                   |                        | Paper                |                     |
| *Please make sure you have re<br>Service to receive correspond<br>https://mss.clwydpensionfun<br>Details of your previous pension:  | registered to use Medence electronically:                                  |                   |                        | Paper                |                     |
| *Please make sure you have re<br>Service to receive correspond<br>https://mss.clwydpensionfun<br>Details of your previous pension:<br>Name of Previous Pension Ac<br>Reference / Plan Number: | registered to use Medence electronically:                                  |                   |                        | Paper                |                     |
| *Please make sure you have re<br>Service to receive correspond<br>https://mss.clwydpensionfun<br>Details of your previous pension:<br>Name of Previous Pension Ac                             | registered to use Medence electronically: ad.org.uk/home/log dministrator: |                   |                        | Paper                |                     |

- By completing this form, I give my written consent for the Clwyd Pension Fund to get information about my pension from my previous pension administrator
- I can confirm that I have given the Clwyd Pension Fund proof of my date of birth

You must sign this form by hand as electronic signatures can't be accepted.

| Your signature: |  | Date: |  |
|-----------------|--|-------|--|
|-----------------|--|-------|--|

These completed forms should be returned to the Clwyd Pension Fund by one of the following methods:



Upload the forms through MSS 'Document Upload'



pensions@flintshire.gov.uk

