

Previous LGPS / Public Sector Membership

It is important that the Clwyd Pension Fund are aware of any pension history you have within the Public Sector as it may affect how your pension is dealt with going forward. Please list all of your previous membership with any public service pension schemes. These include pension schemes covering Local Government, Civil Service, the Judiciary, the Armed Forces, Teachers, NHS, Fire and Rescue, Police or membership of new public body pension schemes.

You must complete this form whether you wish to transfer any previous pension rights into the LGPS or not, and you must declare any other LGPS rights you may have in England or Wales.

Personal Details:

Full Name:			
NI Number:		Date of Birth:	
Address:			
		Post Code:	
Email Address:		Telephone No:	
Language Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>
		Bilingual	<input type="checkbox"/>
Communications Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Electronic *Please make sure you have registered to use Member Self-Service to receive correspondence electronically: https://mss.clwydpensionfund.org.uk/home/login/	<input type="checkbox"/>	Paper	<input type="checkbox"/>

Previous LGPS / Public Sector Pensions:

LGPS / Public Sector Pension Provider:	Reference / Plan Number:	Date From (dd/mm/yyyy):	Date To (dd/mm/yyyy):

If you hold previous Clwyd Pension Fund membership OR other LGPS membership in a different Fund, we will notify you of all combining options shortly.

I do not hold any previous LGPS / Public Sector pension benefits (please ✓ if applicable):

Your signature:		Date:	
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This completed form should be returned to the Clwyd Pension Fund by one of the following methods:



Upload the forms via MSS 'Document Upload'



pensions@flintshire.gov.uk



Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA

Local Government Pension Scheme Transfer Authority Form

For each transfer that you wish to investigate, a separate transfer authority form must be completed. You will also be required to provide a photocopy of a document which confirms your date of birth.

Your Details:

Full Name:					
NI Number:		Date of Birth:			
Address:					
				Post Code:	
Email Address:		Telephone No:			
Language Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):					
Welsh		English		Bilingual	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Communications Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):					
Electronic			Paper		
*Please make sure you have registered to use Member Self-Service to receive correspondence electronically: https://mss.clwydpensionfund.org.uk/home/login/			<input type="checkbox"/>		
			<input type="checkbox"/>		

Details of your previous pension:

Name of insurance company or occupational pension scheme:					
Policy or Plan Number:					
Address of previous pension provider:					
				Post Code:	

Declaration:

- By completing this form, I give my written authority for Clwyd Pension Fund to obtain information regarding my pension
- I can confirm that I have provided Clwyd Pension Fund with proof of my date of birth

Your signature:		Date:	
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Notes on Death Grant Expression of Wish

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 pension scheme:

If you are still paying pension contributions to the LGPS	The death grant value will be 3 x your annual pensionable pay (If you work part-time or term-time, the death grant will be calculated based on your actual pensionable pay rather than your full-time equivalent pay)	
	Stopped paying pension contributions on or before 31 March 2008	Stopped paying pension contributions on or after 1 April 2008
If you are a deferred member (you have stopped paying contributions but your pension is not being paid to you yet)	The death grant value will be 3 x your annual pension amount plus cost of living increase	The death grant value will be 5 x your annual pension amount plus cost of living increase
If you are a pensioner (you have stopped paying pension contributions and your pension is already being paid to you)	The death grant value will be 5 x your annual pension amount less any payments already paid to you The pensioner must be under age 75 years old when they pass away for a death grant to be payable	The death grant value will be 10 x your annual pension amount less any payments already paid to you The pensioner must be under age 75 years old when they pass away for a death grant to be payable

- Your death grant beneficiaries can be one or more individuals, or an institution. In the absence of a valid Expression of Wish Form, the payment will be made to your personal representative e.g. your Estate.
- The advantage of making an Expression of Wish is that the death grant will be paid quickly, without having to wait possibly several weeks for your Estate to be settled. Another advantage is that the payment will not form part of your Estate, therefore avoiding any liability to Inheritance Tax.
- Her Majesty's Revenue & Customs states that, to avoid tax charges, payment of the death grant needs to be processed within 2 years of the Pension Fund being made aware of the death. Your next of kin should inform the Clwyd Pension Fund of your death and complete any required forms as soon as possible, so that the death grant is paid within this 2 year timeframe.
- You are advised to keep a copy of your completed Expression of Wish form, together with these notes, and file them in a safe place for your records. Whilst the Administering Authority must, under Pensions Law, retain the right to override any Expression of Wish, the purpose of this form is to help you make appropriate financial plans in case of premature death.
- You can revise your Expression of Wish(es) at any time by completing another form, which will revoke any previous Expression of Wish. If you do wish to amend any previous Expression of Wish, please complete a new Expression of Wish form.
- This form is **only** applicable for the payment of a death grant, and has no relevance to the payment of a survivor's pension in the event of your death. If you are co-habiting, you are advised to complete a separate Cohabiting Partner Form for the payment of a survivor's pension.
- Please note that the Clwyd Pension Fund is **not** legally bound by this form, because in order for the tax advantages to apply, it must retain absolute discretion with regards to who to pay your death grant to.
- If there is more than one proposed beneficiary, please ensure that the percentage totals 100% on the form.
- You cannot state who the next in line would be if your original nominated beneficiary dies before you. In this case, you should complete a new Death Grant Expression of Wish form.
- If more space is needed for more than three beneficiaries, please enter their details on a separate sheet.
(Please also sign and date the separate sheet).

Local Government Pension Scheme Death Grant Expression of Wish Form

Cronfa Bensiynau Clwyd
Clwyd Pension Fund

Gweinyddwyd gan
Administered by 

Your Details:

Full Name:			
NI Number:		Date of Birth:	
Address:			
		Post Code:	
Email Address:		Telephone No:	
Language Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>
		Bilingual	<input type="checkbox"/>
Communications Preference: I wish to receive ALL future correspondence in (Please ✓ the appropriate box to indicate your election):			
Electronic *Please make sure you have registered to use Member Self-Service to receive correspondence electronically: https://mss.clwydpensionfund.org.uk/home/login/		<input type="checkbox"/>	Paper <input type="checkbox"/>

Details of your 1st beneficiary:

Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Details of your 2nd beneficiary:

Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Details of your 3rd beneficiary:

Name:			%
Date of Birth:		Relationship:	
Address:			
		Post Code:	

Declaration: I have read the guidance notes. I request that Flintshire County Council (the Administering Authority for the Clwyd Pension Fund) in the exercise of its absolute discretion, consider paying any lump sum death benefit due under the Local Government Pension Scheme to the above individual(s) and/or institution(s) and (if more than one) split according to my Expression of Wish.

Your signature:		Date:	
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