

ISLINGTON COUNCIL THE LOCAL GOVERNMENT PENSION SCHEME (LGPS)**EXPRESSION OF WISH FORM IN RESPECT OF PAYMENT OF DEATH GRANT****Notes**

The LGPS Regulations allow scheme members, including pensioners and former contributors with preserved benefits, to express a wish regarding the person(s) to receive payment of any lump sum death grant which may become payable in the event of the member's death. Any death grant paid in this way will not form part of your Estate, and so avoid the payment of Death Duties. Completion of the expression of wish form means the Council will not have to wait for production of a Grant of Probate or Letters of Administration. However no payment could be made before the Council had fully considered the circumstances. The Council has absolute discretion as to whom any sum will be paid but in general would do its best to act in accordance with any wishes that you have expressed.

If the expression of wish form names your spouse and you subsequently divorce, the expression of wish is invalidated. If you want your former spouse to remain named, you will have to submit a fresh expression of wish form.

If the Council cannot, for any reason, contact any named person, the payment will be made to your personal representatives, in the same way as any other payment due to your Estate.

If you wish to revoke any expression of wish, you must do so in writing.

The Council will have to be satisfied as to the authenticity of any expression of wish or revocation before any payment can be made.

YOU SHOULD NOTIFY THE PROSPECTIVE EXECUTORS OF YOUR ESTATE OF THIS EXPRESSION OF WISH

Your name (*Surname first*): _____ Mr/Ms/Mrs/Miss

National Insurance number: _____ Date of Birth: _____

Employee or Pension Number: _____

Details of Expression of wish

In the event of my death, I wish any death grant payable under the scheme regulations to be paid over to the following person or persons:

Beneficiary 1

Full name _____ Date of Birth _____

Address _____

Relationship to you (if any) _____

Beneficiary 2

Full name _____ Date of Birth _____

Address _____

Relationship to you (if any) _____

You may name any number of individuals, and the Council will pay an equal proportion to each. If you want to name more than two beneficiaries, please supply the required details on a separate sheet and sign it before returning it with this form.

Signed: _____ Date: _____

Home address: _____

Please return the completed form to:

**The Pensions Office
2ND Floor
7 Newington Barrow Way
London
N7 7EP**