



## Expression of Wish form

**IMPORTANT** – This form is not a Will. Although the Scheme Administrators would want to comply with your wishes, they have absolute discretion in deciding where, or to whom, any payment is to be directed.

### PAYMENT OF DEATH BENEFITS

As a member of the Local Government Pension Scheme you may complete this form in order to 'nominate' a Dependant or Beneficiary who you would like to benefit from any lump sum payment under the Scheme Regulations as a result of your death. Please complete this form only if you wish to nominate a beneficiary to whom any payments due may be directed following your death. The purpose of making an expression of wish is to assist LB of Barking & Dagenham (the scheme administrators) in deciding to whom any payments may be made. Although the nominated beneficiary would normally be your next of kin, you may nominate any person or organisation of your choice and such requests would be considered by the Scheme Administrators. The main advantage in making an expression of wish is that the payment could be made direct to your chosen beneficiary without forming part of your estate (i.e. the payment does not count for Inland Revenue purposes). You can amend/update the details at any time by completing another form.

### YOUR DETAILS:

Surname:	First Name(s):
Address:	Employee No:
	Employing Department:

### TO THE SCHEME ADMINISTRATORS

In the event of my death it is my wish that any lump sum death benefit available under the appropriate Local Government Pension Scheme Regulations may be paid as follows:

### DETAILS OF NOMINATED BENEFICIARIES:

(please ensure that the proportions add up to 100% exactly)

Full Name	Full Name
Address	Address
Relationship or Dependency	Relationship or Dependency
Proportion of benefits (i.e. full, half, third etc.)	Proportion of benefits (i.e. full, half, third etc.)

Full Name	Full Name
Address	Address
Relationship or Dependency	Relationship or Dependency
Proportion of benefits (i.e. full, half, third etc.)	Proportion of benefits (i.e. full, half, third etc.)
SIGNED	DATE

\*\*\*\*\*PLEASE ENSURE YOU HAVE SIGNED AND DATED THE FORM\*\*\*\*\*

Please return to: Pensions Section, Barking Town Hall, 1 Town Square, Barking IG11 7LU