



LOCAL GOVERNMENT PENSION SCHEME
DEATH GRANT NOMINATION FORM

DECLARATION: IN THE EVENT OF MY DEATH, I WISH TO NOMINATE THE UNDERNOTED PERSON(S) TO RECEIVE ANY DEATH GRANT WHICH MAY BE PAYABLE FROM THE LOCAL GOVERNMENT PENSION SCHEME ON THE BASIS OF THE PERCENTAGES SPECIFIED BELOW.

I UNDERSTAND THAT MY WISHES FOR THE PAYMENT OF ANY DEATH GRANT WILL BE CONSIDERED BY THE ADMINISTERING AUTHORITY WHEN IT EXERCISES ITS DISCRETION UNDER THE REGULATIONS OF THE LOCAL GOVERNMENT PENSION SCHEME BUT THAT THESE WISHES ARE NOT BINDING ON THE ADMINISTRATOR.

**** PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS ****

YOUR PERSONAL DETAILS:

FULL NAME(S):	<input type="text"/>
EMPLOYER:	<input type="text"/>
HOME ADDRESS-LINE 1:	<input type="text"/>
LINE 2:	<input type="text"/>
LINE 3:	<input type="text"/>
LINE 4:	<input type="text"/>
POST CODE:	<input type="text"/>

N.I. NUMBER:	<input type="text"/>
DEPARTMENT:	<input type="text"/>

**** ON COMPLETION, PLEASE RETURN TO: ****

TAYSIDE PENSION FUND
DUNDEE HOUSE
50 NORTH LINDSAY STREET
DUNDEE
DD1 1NZ

- 1 PLEASE ENTER BELOW, FULL DETAILS OF THE PROPOSED BENEFICIARIES OF ANY DEATH GRANT WHICH MAY BE PAYABLE.
- 2 WHEN ENTERING THE PERCENTAGE TO BE ALLOCATED TO EACH PERSON(S) PLEASE NOTE THAT THE TOTAL MUST EQUAL 100%.
- 3 IF YOU WISH TO ALLOCATE YOUR DEATH GRANT TO MORE THAN FOUR PERSONS, PLEASE COMPLETE A SECOND DEATH GRANT NOMINATION FORM.

PLEASE DETAIL BELOW THE BENEFICIARIES OF YOUR DEATH GRANT:

BENEFICIARY 1

FULL NAME(S):	<input type="text"/>
RELATIONSHIP (IF ANY):	<input type="text"/>
HOME ADDRESS-LINE 1:	<input type="text"/>
LINE 2:	<input type="text"/>
LINE 3:	<input type="text"/>
LINE 4:	<input type="text"/>
POST CODE:	<input type="text"/>
PROPORTION AS A %:	<input type="text"/>

BENEFICIARY 2

FULL NAME(S):	<input type="text"/>
RELATIONSHIP (IF ANY):	<input type="text"/>
HOME ADDRESS-LINE 1:	<input type="text"/>
LINE 2:	<input type="text"/>
LINE 3:	<input type="text"/>
LINE 4:	<input type="text"/>
POST CODE:	<input type="text"/>
PROPORTION AS A %:	<input type="text"/>

BENEFICIARY 3

FULL NAME(S):	<input type="text"/>
RELATIONSHIP (IF ANY):	<input type="text"/>
HOME ADDRESS-LINE 1:	<input type="text"/>
LINE 2:	<input type="text"/>
LINE 3:	<input type="text"/>
LINE 4:	<input type="text"/>
POST CODE:	<input type="text"/>
PROPORTION AS A %:	<input type="text"/>

BENEFICIARY 4

FULL NAME(S):	<input type="text"/>
RELATIONSHIP (IF ANY):	<input type="text"/>
HOME ADDRESS-LINE 1:	<input type="text"/>
LINE 2:	<input type="text"/>
LINE 3:	<input type="text"/>
LINE 4:	<input type="text"/>
POST CODE:	<input type="text"/>
PROPORTION AS A %:	<input type="text"/>

I AGREE TO NOTIFY THE TAYSIDE PENSION FUND OF ANY CHANGES THAT I WISH TO MAKE TO THE BENEFICIARIES OF THE DEATH GRANT AND OF ANY FUTURE CHANGES TO THEIR PERSONAL OR HOME ADDRESS DETAILS.

I ACCEPT THAT ANY SUBSEQUENT CHANGE TO MY MARITAL STATUS RENDERS THE ABOVE NOMINATION FORM NULL AND VOID AND I AGREE TO COMPLETE AND SUBMIT A NEW NOMINATION FORM SHOULD THIS SITUATION ARISE

SIGNATURE:

DATE:

PLEASE NOTE THAT YOU CAN CHANGE THE DETAILS THAT YOU HAVE ENTERED ON THIS FORM AT ANY TIME BY EITHER REQUESTING ANOTHER NOMINATION FORM OR BY DOWNLOADING A COPY OF THIS FORM FROM OUR WEBSITE AT: <http://www.dundee.gov.uk/pensions/>